ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No-SMC



SL NO: 07-2022-0060

Taher Chamber 40, Agrabad C/A, Chittagong. Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last A R J ひ	First	MOHAMMA		·····	
Date of Birth:(DD/MM/YY	YY) 01-11-	1977	а а		
Gender: (Male/Female)	MALE		0		
Nationality BANGLADO	ESHI Passnor	t/NID No: A OOC	99990t		
CDC No. 7/ 33046	2Seaman ID	No: OBCOUL	070		
Occupation: Deck/Engine/ Vrather's/ Husband's name	Catering/Other (sp	pecify)			
Vather's/ Husband's name	MOHA	MMAD YOUN	105.		
Mother's Name:	REZIA	BEQUM			
)-,	4157	
Mailing address: H Locality/Village:	H HALISHAR	ARP.O. SAI	ILORS COLO	i y i	
P.S. E.P. 2 .	District	CHATTOG	RAM		

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- 1. Confirmation that identification documents were checked at the point of examination: YES/NO
- 2. Hearing meets the standards in section A-I/9: YES/NO
- 3. Unaided hearing satisfactory?: YES/NO
- 4. Visual acuity meets standards in section A-I/9?: ¥E\$/NO
- 5. Colour vision meets standards in section A-I/9?: YES/NO
- Date of last colour vision test: 1 7 JAN 2022
- 6. Fit for lookout duties?: YES/NO
- 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?: YES/NO
- Any limitations or restrictions on fitness?: YES/NC 8.

	If YES, specify limita	tions or restrictions			-
	Duties:	· · · · ·			
	Location/Vessel:				
	Medical/Other		е — "р		
9.	Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit	
10.	Date of examination/Issue (DD/MM/YYYY)1.7. JA!	N 2022		
11.	Date of expiry (DD/MM/YYY	^{Y)} 1 6 JAN 2024		n the date of example of example of example of the second s	ninatior
	ead the contents of the certificate been informed of the right to	te	DR. M. M.B.E	D. AYUBUR RAHMA B.S.: P.G.T (Medicine)	N)

I have read the contents of the certificate						
and have been informed of the right to						
review.	2					
300	8					
Seafarer's Signatu	re					

