

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <u>HAIDER</u>		GIVEN NAME (S): <u>MOHAMMAD NAVEED</u>	
DATE OF BIRTH: DAY <u>07</u> MONTH <u>07</u> YEAR <u>1988</u>		PLACE OF BIRTH CITY <u>DHAKA</u> COUNTRY <u>B'DESH</u>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>PLAINATH PUR, KALINAGAR, ADAMDEGHI</u> <u>DHAKA, BANGLADESH</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/6</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW <u>N.O.D.</u> RED <u>N.O.D.</u> GREEN <u>N.O.D.</u> BLUE <u>N.O.D.</u>	RIGHT EAR <u>NORMAL</u>
LEFT EYE	<u>6/6</u>	<input checked="" type="checkbox"/>		LEFT EAR <u>NORMAL</u>

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 13 JUN 2022

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

✓ [Signature]
Signature of Applicant

MOHAMMAD NAVEED HAIDER
Name of Applicant

13 JUN 2022
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

Fit For Duty on Board Ship

NAME AND DEGREE OF PHYSICIAN: DR. MD. Ayubur Rahman
M.B.B.S., P.G.T (Medicine)
 ADDRESS: Taher Chamber,
10, Agrabad C/A, Chittagong
 NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BMDC Reg No: A-11820
AND APPROVED BY
DG Shipping
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: Govt. of Bangladesh

SIGNATURE OF PHYSICIAN: [Signature] STAMP OF PHYSICIAN: DR. MD. AYUBUR RAHMAN 13 JUN 2022
M.B.B.S., P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

EXPIRY DATE OF CERTIFICATE: 12 JUN 2024

This certificate is issued in compliance with the requirements
of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.