

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM	GIVEN NAME (S): MUHAMMAD TORIQU	
DATE OF BIRTH: DAY 23 MONTH 09 YEAR 1986	PLACE OF BIRTH CITY MANIKGANJ COUNTRY B' DESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: ISLAM NAGAR, IRTA, SINGAIR, MANIKGANJ, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/9	6/6	<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN	RIGHT EAR NORMAL
LEFT EYE	6/9	6/6	YELLOW N.D. RED N.D. GREEN N.D. BLUE N.D.	LEFT EAR NORMAL

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) **3/0 MAY 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.

☒ **M. Toriqu** **MUHAMMAD TORIQU ISLAM** **3 0 MAY 2022**
 Signature of Applicant Name of Applicant 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
Govt. of Bangladesh
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: _____

SIGNATURE OF PHYSICIAN: **DR. MD. AYUBUR RAHMAN** **3 0 MAY 2022**
 STAMP OF PHYSICIAN: **M.B.B.S. P.G.T. (Medicine)** DATE: _____
Taher Chamber
10, Agrabad C/A, Chittagong.
BMDC Reg No: A 11820
 EXPIRY DATE OF CERTIFICATE: **2 9 MAY 2024**

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