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

Form No:SMC

Seafarer's Signature



SL NO: 07-2022-1165

10, Agrabad C/A, Chittagong. Regn. No. A-11820 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 KASHEM First MO4D Middle A30C	
Date of Birth:(DD/MM/YYYY) 07-07-1970	
Gender: (Male/Female) MACE	
Nationality BANGLADESHI Passbort/NID No: 56 0408797	
CDC No. 7/34477: Soamen ID No. 650014578	
Name: Last Male First Middle Date of Birth: (DD/MM/YYYY) D7-07-1970  Gender: (Male/Female) MACE  Nationality: DANGLADESHI Passport/NID No: EG 0408797  CDC No. 7.344.77 Seaman ID No: 650014578  Occupation: Deck/Engine/Catering/Other (specify) CIER  Pather's / Husband's name: ABDUS SAMAD.	
Coccupation: Deck/Engine/Catering/Other (specify)	
rather's/ Husband's name:	
Widther Straine. This Ph. 100001	
Mailing address: House No- Street/Road No-	
Locality/Village: P.O. DATO PIO	
Mailing address: House No- Locality/Village: S.S. KHALED ROAD P.O. DAMPARA  P.S. KOTWALI District CHATTOGRAM	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confir	m
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?: YES/NO	
5. Colour vision meets standards in section A-I/9?: YES/NO	
Date of last colour vision test: 0 3 JUL 2022	
6. Fit for lookout duties?: YES/NO	
Sign of the following state of the state of	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafar	er
unfit for service or to render the health of any other persons on board?:	
YES/NO	
8. Any limitations or restrictions on fitness?: YES/NO	
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY) 0 3 JUL 2022	
	n"
11. Date of expiry (DD/MM/YYYY)	
I have read the contents of the certificate	
and have been informed of the right to	*
review	
THE ACTUAL AND TAKEN CHAMPER	