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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SL NO: 07-2022-1638

DR. MD. AYUBUR RAHMAN

M.B.B.S; P.G.T (Medicine)

Taher Chamber

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:
SEAFARER INFORMATION:  Name: Last
Date of Birth: (DD/MM/YYYY)
Gender: (Iviale/Female)
Nationality: SAN GLADESHI Passbort/NID No. B. 0428141
CDC No
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name: 45ADC 22AMAN
Mother's Name: HASNA HENA.
Mailing address: House No- Street/Road No-
Locality/Village: JOYRAMPUR P.O. SARIFPUR.
P.S. JAMALPUR District JAMALPUR
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?: YES/NO
5. Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 2 7 SEP 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?:
₩ES/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). 2 7 SEP 2022
11. Date of expiry (DD/MM/YYYY)265EP2024
L O SEP LULY
I have read the contents of the certificate