



# NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633  
Tel: 65-6416 7500 Fax: 65-6416 9922

## SEAFARER MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer and meets both the requirements of the 2010 Manila amendments to the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name in Full <b>MD SHAFI ULLAH KHAN</b>		Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth: day/month/year <b>01-11-1968</b>	Nationality <b>BANGLADESHI</b>	Passport/NRIC No: <b>A06024164</b>

### Declaration of the recognized medical practitioner

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test: <b>09 JAN 2023</b>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fit for look out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "no" specify limitations or restrictions	<input type="checkbox"/>	<input type="checkbox"/>
9	Date of examination: (day/month/year) <b>09 JAN 2023</b>		

**VALID FOR TWO YEARS**

**09 JAN 2023**

Date

Signature of Medical Practitioner

**DR. MD. AYUBUR RAHMAN**  
M.B.B.S; P.G.T (Medicine)  
Taher Chamber  
10, AGRABAD C/A, CHITTAGONG  
Regn. No. A-11820

**DR. M. AYUBUR RAHMAN**  
M.B.B.S; P.G.T (Medicine)  
SABA DIAGNOSTIC CENTRE  
TAHER CHAMBER  
10 AGRABAD C/A, CHITTAGONG.  
BMDC AND DG SHIPPING  
GOVT. OF BD  
23-02-1984

Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and the right to a review.

Signature of Seafarer

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18 or sailing on a Japanese Flag vessel, in which case the maximum period of validity shall be one year.