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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-2021-1563

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

SEAFAF	RER INFORMATION:
Name:	RER INFORMATION: Last SALAM First MS Middle ABDCS Birth:(DD/MM/YYYY)
Date of	Birth:(DD/MM/YYYY)
Gender	: (Male/Female)
Nationa	: (Male/Female)
CDC No	C/0/6235 Seaman ID No: 050003789
Occupa	tion: Deck/Engine/Catering/Other (specify)
Father's	5/ Husband's name: MD 15 MAIL DAFADAR
Mother	's Name' COTTAIN PROMA
Mailing	address: House No- Street/Road No- /Village: SEMER GAT! PO SEMER GAT!
Locality	Willage: SENERGATI PO SENERGATI
P.S	PATHELUHATAistrict SATKHIRA.
DECLAF	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the foll	
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
	Unaided hearing satisfactory?: YES/NO
	Visual acuity meets standards in section A-I/9?: YES/NO
	Colour vision meets standards in section A-I/9?: YES/NO
	Date of last colour vision test: 2 2 DEC 2021
6.	Fit for lookout duties?: YES/NO
	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?:
	YES/NO
8.	Any limitations or restrictions on fitness?: YES/NO
9 0	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	incursuly other
9	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
٠,	The budget to restrictions
- 10	Date of examination/Issue (DD/MM/YYYY) 22 DEC 2021.
11.	Date of expiry (DD/MM/YYYY)
I have re	ad the contents of the certificate
	been informed of the right to
	Official M.B.B.S; P.G.T (Medicine)