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

Form No:SMC



SLNO: 07- 2021-0889

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. LEESUN	First Mo	HAMMAD	Middle	ASRAFUL	HAQUE
Date of Birth:(DD/MM/YYYY)					
Gender: (Male/Female)MALE			a		
Nationality: BANGLADESHI	Passport/NID No:.	в 00000 г	891		
CDC No. C101 7313					
Occupation: Deck/Engine/Catering					
Pather's/ Husband's name:					
Mother's Name:	ASRAFUN N.	AHAR			
Mailing address: House No		/Road No-			
Locality/Village: SABUGBA					
P.S. MADARIPUR	District MAD	ARIPUR	••••		

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? XES/NO
 - Date of last colour vision test: 1 2 AUG 2021
- 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?:

VES/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 (I 11. Date of expiry (DD/MM/YYY			n the date of examination"
have read the contents of the certificat and have been informed of the right to review. FFF h Seafarer's Signature	e Officia Stante	M B,B,S, O X V. Agraba	UBUR RAHMAN P.G.T (Medicine) er Chamber ad C/A, Chittagong. ature of the practitioner: