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

Form No:SMC



SLNO: 07 - 2023 - 1411

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

SEAFARI	ER IN	FOR	MA	TION:	

Name: LastAKRAMV22AMAN First S. M. Middle	 
Date of Birth: $(DD/MM/YYYY)$ $0! - 0! - 1970$	
Gender: (Male/Female), MALE	
Nationality: BANGLADESHI Passport/NID No: 401738125	
Nationality: BANGLADESH1 Passport/NID No: 401738125 CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name:MD:SULTAN SHRIF	
Mother's Name: ROMESA KHATUN	
Mailing address: House No- Street/Road No-	
Locality/Village: ASTAIL P.O. MOLLAHAT	
P.S. MOLLAHAT District BAGERHAT	

## 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
- Colour vision meets standards in section A-I/9? VES/NO
  - Date of last colour vision test:
- 6. Fit for lookout duties?: VES/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?:

2023

VES/NO

Seafarer's Signature

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8. Any limitations or restrictions on fitness?: YES/NO

If YES, specify limitations or restrictions

Duties: Location/Vessel: Medical/Other		
9. Medical fitness category :	it-No restriction Fit-subj	ect to restrictions Unfit
10. Date of examination/Issue (DD/ 11. Date of expiry (DD/MM/YYYY)		pre than 2 years from the date of examination'
I have read the contents of the certificate and have been informed of the right to review.	Official Stamp	DR, M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad C/A, Chittagong