

SEAFARER MEDICAL CERTIFICATE



Dr. Md. Ayubur Rahman
 M.B.B.S, P.G.T, B.C.S (HEALTH)
 Saba Diagnostic Centre
 Taher Chamber, 10 Agrabad C/A
 Chittagong
 Tel: 031-715678
 Cell: 01727-690222



Consultant Doctor: Dr. Md. Ayubur Rahman.

This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping, Dhaka, Bangladesh, to the named seafarer in compliance with requirements of regulation 1/9, Section A-1/9 and section B-1/9, of the STCW 95 convention as amended in 2010, Guideline **B.I.2.1** of the **MLC 2006** and Guidelines on the medical examination of seafarer's 2013 Published by ILO.

FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS

Name (last, first, middle): WAHAB ABDUL

Date of birth (day/month/year): 01/10/1961 Sex: Male Female

Home address: BATPARK, 145B/146A, AGRABAD R/A, CDA, CTG.

Passport No./Seafarer's book No: 9/0/0904

Department: (deck/engine/radio/food handling/other): _____

Rank: CHIEF ENGINEER

Routine and emergency duties (if known): _____

Type of ship (e.g. container, tanker, passenger, bulk): TANKER

Trade area (e.g., coastal, tropical, worldwide): _____

EXAMINEE'S PERSONAL DECLARATION (Assistance Should Be Offered By Medical Staff)

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1. Eye / vision problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Thyroid problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Kidney problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>