

# SEAFARER MEDICAL CERTIFICATE



**Dr. Md. Ayubur Rahman**  
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**CONFIDENTIAL FOR**

**Consultant Doctor: DR. MD. AYUBUR RAHMAN. MBBS. PGT.**

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): CHOWDHURY AKRAM HOSSAIN TUSER

Date of birth (day/month/year): 17 10/2002 Sex:  Male  Female

Home address: SOUTH KARIMPUR, SOMIBHUIYAR HAT-3920, DAGONBHUIYAN, FENI

Passport No./Seafarer's book No: A07279131

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

Rank: T/Cook

Routine and emergency duties (if known): BOTH

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

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

### 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"/>