

Form no. USSL006

**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD**

As per Merchant Shipping Rules, ILO Convention 147, STCW 2010, MLC 2006 & WHO Guidelines

SURNAME: <u>AMIN</u>		GIVEN NAME(s): <u>MD AL</u>	
DATE OF BIRTH: DAY: <u>01</u> MONTH: <u>01</u> YEAR: <u>1991</u>	PLACE OF BIRTH: CITY: <u>JAMALPUR</u> COUNTRY: <u>BD</u>	SEX: MALE: <input checked="" type="checkbox"/>	FEMALE: <input type="checkbox"/>
POSITION ON BOARD: <u>GS</u>	MAILING ADDRESS OF APPLICANT: <u>BHABANEPUR, GARDUBA, SARISHABARI, JAMALPUR</u>		
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	
	WITHOUT GLASSES	WITH GLASSES	HEARING
RIGHT EYE	<u>6/6</u>	<input checked="" type="checkbox"/>	RIGHT EAR <u>NORMAL</u>
	<u>6/6</u>	<input checked="" type="checkbox"/>	LEFT EAR <u>NORMAL</u>
LEFT EYE			
		<input checked="" type="checkbox"/> BOOK	
		<input checked="" type="checkbox"/> LANTERN	
		YELLOW <u>N.P.D.</u> RED <u>N.P.D.</u>	
		GREEN <u>N.P.D.</u> BLUE <u>N.P.D.</u>	
Confirmation that identification documents were checked at the point of examination: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hearing meets the standards in STCW Code, section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>			
Unaided hearing satisfactory? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Visual acuity meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Colour vision meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
(the visual test it is required every six years)			
Date of the last colour vision test: (Day/Month/Year) <u>03 MAY 2023</u>			
Are glasses or contact lenses necessary to meet the required vision standards? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Able for watchkeeping? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Is applicant taking any non-prescription or prescription medications? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hereby I declare that I am in knowledge of the contents of the Physical Examination.			
<u>U Amin</u> Signature of Applicant		<u>MD. AL AMIN</u> Name of Applicant	
		<u>03 MAY 2023</u> Date	
CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:			
<div style="border: 2px solid blue; padding: 5px; display: inline-block;">Fit For Duty on Board Ship</div>			
NAME AND DEGREE OF PHYSICIAN:		<u>DR. M. AYUBUR RAHMAN</u> <small>M.B.B.S; P.G.T (Medicine)</small>	
ADDRESS:		<u>SABA DIAGNOSTIC CENTRE</u> <u>TAHER CHAMBER</u> <u>10, AGRABAD C/A, CHITTAGONG.</u> <u>BMDC AND DG SHIPPING</u> <u>GOVT. OF BD</u> <u>23-02-1984</u>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:			
SIGNATURE OF PHYSICIAN: <u>[Signature]</u>		STAMP OF PHYSICIAN: <u>DR. MD. AYUBUR RAHMAN</u> <small>M.B.B.S; P.G.T (Medicine)</small> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong.</u> <small>Reg. No. A-1182</small>	
		DATE: <u>03 MAY 2023</u>	