

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>SATTAR</u>		GIVEN NAME(s): <u>MD FAHIM</u>	
DATE OF BIRTH: DAY: <u>29</u> MONTH: <u>12</u> YEAR: <u>1992</u>		PLACE OF BIRTH: CITY: <u>C.T.G.</u> COUNTRY: <u>BD</u>	
POSITION ON BOARD: <u>3A/ENGR</u>		SEX: MALE: <input checked="" type="checkbox"/> FEMALE: <input type="checkbox"/>	
		MAILING ADDRESS OF APPLICANT: <u>H-NO: 90, R-NO: -05, CHANDGAON R/A</u> <u>CHATTOGRAM. BD.</u>	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	
WITHOUT GLASSES		WITH GLASSES	
RIGHT EYE	<u>6/6</u>	<input checked="" type="checkbox"/> BOOK	HEARING RIGHT EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>
		<input checked="" type="checkbox"/> LANTERN	
		YELLOW <u>N.B.D.</u> RED <u>N.B.D.</u>	
LEFT EYE	<u>6/6</u>	GREEN <u>N.B.D.</u> BLUE <u>N.B.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 is required every six years)			
Date of the last colour vision test: (Day/Month/Year) <u>23 FEB 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.			
Signature of Applicant: <u>[Signature]</u>		Name of Applicant: <u>MD. FAHIM SATTAR</u>	
		Date: <u>23 FEB 2023</u>	
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:			
Fit For Duty on Board Ship			
NAME AND DEGREE OF PHYSICIAN:		<u>DR. M. AYUBUR RAHMAN</u> <u>M.B.B.S. P.G.T (Medicine)</u>	
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> <u>M.B.B.S. P.G.T (Medicine)</u> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong.</u> <u>Regn. No. A-1620</u>	
		DATE: <u>23 FEB 2023</u>	