

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: ISLAM		GIVEN NAME(s): MD SHARIFUL	
DATE OF BIRTH: DAY: 14 MONTH: 03 YEAR: 1999		PLACE OF BIRTH: CITY: FENI COUNTRY: BD	SEX: MALE: <input checked="" type="checkbox"/> FEMALE: <input type="checkbox"/>
POSITION ON BOARD: MOTORMAN		MAILING ADDRESS OF APPLICANT: JOY GOLGAON, ELAHIGANJ BAZAR FENI SADAR, FENI.	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> BOOK
	6/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> LANTERN
LEFT EYE		<input checked="" type="checkbox"/>	YELLOW N.P.D. RED N.P.D.
			GREEN N.P.D. BLUE N.P.D.
RIGHT EAR NORMAL			
LEFT EAR NORMAL			
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) 25 APR 2024			
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.			
MD. SHARIFUL ISLAM Signature of Applicant		MD. SHARIFUL ISLAM Name of Applicant	
		25 APR 2024 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:			
Fit For Duty on Board Ship			
NAME AND DEGREE OF PHYSICIAN:		DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine)	
ADDRESS:		Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg. No. A-11820	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:		AND APPROVED BY DG Shipping Govt. of Bangladesh	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:			
SIGNATURE OF PHYSICIAN:		STAMP OF PHYSICIAN:	
		DATE: 25 APR 2024	