

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

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

SURNAME: AHMED		GIVEN NAME(s): RAJU	
DATE OF BIRTH: DAY: 01 MONTH: 01 YEAR: 1989		PLACE OF BIRTH: CITY: C.T.G COUNTRY: BD	SEX: MALE: <input checked="" type="checkbox"/> FEMALE: <input type="checkbox"/>
POSITION ON BOARD: MTM		MAILING ADDRESS OF APPLICANT: DURIA PARA AIRPORT, PATENGA, CHATTGRAM	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	✓	<input checked="" type="checkbox"/> BOOK
	6/6	✓	<input checked="" type="checkbox"/> LANTERN
LEFT EYE			YELLOW N.A.O. RED N.A.O.
			GREEN N.A.O. BLUE N.A.O.
HEARING			
	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 is required every six years)			
Date of the last colour vision test: (Day/Month/Year) 26 OCT 2022			
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 [Signature]		Name of Applicant RAJU AHMED	
		Date 26 OCT 2022	
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. M. AYUBUR RAHMAN	
ADDRESS:		M.B.B.S. P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:			
SIGNATURE OF PHYSICIAN: [Signature]		STAMP OF PHYSICIAN: DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Reg. No. A-11820	
		DATE: 26 OCT 2022	