

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>JAHANGIR</u>	GIVEN NAME(s): <u>S.M. NURUDDIN</u>
DATE OF BIRTH: DAY: <u>01</u> MONTH: <u>10</u> YEAR: <u>1962</u>	PLACE OF BIRTH: <u>NOAKHALI</u> COUNTRY: <u>BD.</u> SEX: MALE: <input checked="" type="checkbox"/> FEMALE: <input type="checkbox"/>
POSITION ON BOARD: <u>MASTER</u>	MAILING ADDRESS OF APPLICANT: <u>FLAT - D/10, MEHEAT TOWER, 61, MEHEEDIBAGH, CHATTOGRAM,</u>

DECLARATION OF THE AUTHORIZED PHYSICIAN			COLOR TEST TYPE		HEARING	
VISION						
	WITHOUT GLASSES	WITH GLASSES	<input checked="" type="checkbox"/> BOOK			
RIGHT EYE	<u>6/9</u>	<u>6/6</u>	<input checked="" type="checkbox"/> LANTERN	YELLOW <u>N.P.D.</u>	RED <u>N.P.D.</u>	RIGHT EAR <u>NORMAL</u>
LEFT EYE	<u>6/9</u>	<u>6/6</u>	GREEN <u>N.P.D.</u>	BLUE <u>N.P.D.</u>		LEFT EAR <u>NORMAL</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? (the visual test it is required every six years)			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
Date of the last colour vision test: (Day/Month/Year)			<u>06 JUL 2024</u>			
Are glasses or contact lenses necessary to meet the required vision standards?			YES <input checked="" type="checkbox"/>	NO <input 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] S.M. NURUDDIN JAHANGIR 06 JUL 2024
 Signature of Applicant Name of Applicant 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
 AND APPROVED BY: _____
DG Shipping
Govt. of Bangladesh
 NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: _____
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23-02-1984

SIGNATURE OF PHYSICIAN: [Signature] STAMP OF PHYSICIAN: _____ DATE: 06 JUL 2024
DR. MD. Ayubur Rahman
M.B.B.S., P.G.T. (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong
BMDC Reg. No. A-11820
AND APPROVED BY _____
DG Shipping
Govt. of Bangladesh