ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC



CL NIO.		
SL NO:		

10 _2022.0429

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

Nationality: BANGUADESH1 Pass	der: (Male/Female) MALE port/NID No: ACY1.35561 nan ID No: 0.5000020 k 4/E BAZAR
Date of Birth: (DD/MM/YYYY)	der: (Male/Female) MALE port/NID No: ACY1.35561 nan ID No: 0.5000020 k 4/E BAZAR
Nationality: BANGUADESHI Pass CDC No. COLSYID Sean Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank Father's/ Husband's name: SHAMSUL HOBUE Mother's Name: FATEMA AKHTER Mailing address: House No: Street/Road No: Locality/Village: ALAMPUR P.O: PIPULA P.S: SADAR COUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People the followings;	port/NID No: AP4135561 man ID No: 05000020 k. 4/E BAZAR
Sean Occupation: Deck/Engine/Catering/Other (specify). ENGINE Rank Father's/ Husband's name: SHAMSUL HOBUE Mother's Name: FATEMA AKHTER Mailing address: House No: Street/Road No: Locality/Village: ALAMPUR P.O: PIPULIA P.S: SADAR SOUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People the followings;	man ID No: 05000020 k 4/E BAZAR
Pather's/ Husband's name: SHAMSUL HOQUE Mother's Name: FATEMA AKHTER Mailing address: House No: Street/Road No: Street/Road No: Docality/Village: ALAMPUR P.O: PIPULIA P.S: SADAR SOUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People the followings;	BAZAR.
Father's/ Husband's name: SHAMSUL HOBUE Mother's Name: FATEMA AKHTER Mailing address: House No: Street/Road No: Locality/Village: ALAMPUR P.O: PIPULIA P.S: SADAR SOUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People the followings;	BAZAR.
Mother's Name: FATEMA AKHTER Mailing address: House No: Street/Road No: Locality/Village: ALAMPUR P.O: PIPULIA P.S: SADAR SOUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: am duly authorized by the Department of Shipping, Government of the People the followings;	BAZAR
Mailing address: House No: Street/Road No: Locality/Village: ALAMPUR P.O: PIPULIA P.S: SADAR SOUTH District: CUM DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: am duly authorized by the Department of Shipping, Government of the People the followings;	BAZAR
Locality/Village: ALAMPUR	BAZAR
P.S:	ILLA
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People the followings;	
am duly authorized by the Department of Shipping, Government of the People the followings;	e's Republic of Bangladesh and confirm
he followings;	e's Republic of Bangladesh and confirm
he followings;	
1. Confirmation that identification documents were checked at the point of	
1. Committee of the point of	fexamination YES/NO
2. Hearing meets the standards in section A-I/9	~YES/NO
3. Unaided hearing satisfactory?	YES/NO
4. Visual acuity meets standards in section A-I/9?	✓YES/NO
5. Colour vision meets standards in section A-I/9?	YES/NO
Date of last colour vision test	3 O.OCT.2022
6. Fit for lookout duties?	→YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by	y service at sea or to render
the seafarer unfit for service or to render the health of any other person	ns on board? YES/NO
8. Any limitations or restrictions on fitness?	: YES/NO
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	a .
9. Medical fitness category: Fit-No restriction Fit-Subject to	restrictions Unfit
10 Date of examination/Issue (DD/MM/VVVV) 5 UUL ZUZZ	
TO. Date Of examination/1550e (DD/1919)/1111/	for the date of accordance will be
10. Date of examination/Issue (DD/MM/YYYY)	ars from the date of examination

I have read the contents of the certificate and have been informed of the right to review.

ABDUL MANNAN

Seafarer's Signature



Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care

Name & Signature of the Practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20](1.00) vision in one eye and at least 6/12 [20/40] (0.50)in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.
- (h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fireman/water tender, oiler/motorman, pump man, electrician, wiper, and tanker man and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model WILL HEALTY provided in Appendix 1)

1. Complete Physical Examination

Urine R/M/Ere. Chest X-Ray 2. Investigation: a. CBC b. ESR c. RB\$

Bonsed by OC

Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD Marine Health Care