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

Form No: SMC



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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

SEAFA	RER INFORMATION:								
Name:	Last	rstWD. SHAZIO	Middle						
Date o	f Birth: (DD/MM/YYYY)20/	11/1094	Gender: (Male/Female)	WALE					
Nation	ality: BANG(ADESA	/ 1	Passport/NID No: A120	80318					
		2 CA	Seaman ID No:						
Occupa	ation: Deck/Engine/Catering/Other	er (specify)DECK	Rank3PD OFFICE						
Father	's/ Husband's name:	HAHJAHAN VABIR							
Mothe	ation: Deck/Engine/Catering/Others's/Husband's name: MOS r's Name: MST. S	HAHIDA KAATUN							
Mailing	address: House No:	Street/Road	d No:						
	Locality/Village:コのm.	DERPARA PO: MA	HESHPUR-7340						
	P.S:	District:	HENAIDAH						
DECLA	RATION OF THE RECOGNIZED MEDIC	CAL PRACTITIONER:							
I am du	ly authorized by the Department o	f Shipping, Government of th	e People's Republic of Banglade	sh and confirm					
	owings;								
1.	Confirmation that identification do	cuments were checked at the	point of examination YES/N	0					
2.	Hearing meets the standards in sec	ction A-I/9	YES/N	0					
3.	Unaided hearing satisfactory?		YES/N	0					
4.	Visual acuity meets standards in se	ection A-I/9?	YES/N	0					
5.	Colour vision meets standards in se	ection A-I/9?	YES/N	0					
	Date of last colour vision t	test	6 g. TAT	. 2024					
6.	Fit for lookout duties?		YES/N	0					
7.	Is the seafarer free from any medic	cal condition likely to be aggra	vated by service at sea or to rer	der					
	the seafarer unfit for service or to	render the health of any othe	r persons on board? YES/N	0					
8.	8. Any limitations or restrictions on fitness? : YES/NO								
	If YES, specify limitations o	or restrictions							
	Duties:			5					
	Location/Vessel:								
	Medical/Other	Alteria							
9.	Medical fitness category: \(\subseteq \text{Fit-} \)	No restriction Fit-Si	ibject to restrictions	Infit					
		0.0 1 0001							
10.	Date of examination/Issue (DD/MI	M/YYYY)							
11.	Date of expiry (DD/MM/YYYY)	// JUL 7040 "No more	than 2 years from the date of e	amination"					
				3)					
		E HEALTON		Hague					
	ead the contents of the certificate	(Silvering Silvering Silve	Dr. ATM Anwa	BIRDEM)					
	e been informed of the right to	As Per MLC-2006	Reg. no. A Authorised by						
review.	Shazid	AS FEI IVIL U-2000	Marine Hea	alth Care					
	00000 39A 00 0	Elfon CSS	Dhak						
	Seafarer's Signature	orised by DOS	Name & Signature of t	ne Practitioner:					