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

Form No: SMC



SL NO:

06 2023 0629

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

SEAFARER INFORMATION.

Name: Last. AZAD First. Middle KALAM Date of Birth: (DD/MM/YYYY) 10/09/1980 Gender: (Male/Female) MALE Nationality: BANGLADESHI Passport/NID No: EG0/73268 CDC No. T/33265 Seaman ID No: 050012103 Occupation: Deck/Engine/Catering/Other (specify) Rank FITTER Father's/ Husband's name: M5 ROMALHA BESTOM Mother's Name: M5 ROMALHA BESTOM Mailing address: House No: Street/Road No: Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA P.S: PAIKGA District: KAVLNA	JEAN AREN INTON	1900	GIM	ABUL		KALAM	7
Date of Birth: (DD/MM/YYYY) 10/04/19 60 Sequence Gender: (Male/Female) Nationality: BANGLADESH1 Nationality: BANGLADESH1 CDC No T/33265 Occupation: Deck/Engine/Catering/Other (specify) Seaman ID No: Father's/ Husband's name: MD. Mother's Name: MS Mother's Name: MS Mailing address: House No: Locality/Village: Street/Road No:	Name: Last	ΠΞΠΟ	First				
Nationality: BANGLADESHI Passport/NID No: EG0173268 CDC No. T/33265 Seaman ID No: 050012103 Occupation: Deck/Engine/Catering/Other (specify) Rank FITTER Father's/ Husband's name: MD. 5A22AT ALI GA23 Rank FITTER Mother's Name: M5 ROMACHA BEGTOM Street/Road No: Locality/Village: Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA	Date of Birth (DI		0/09/1980		Gender: (Male/	Female)	MALE
CDC No. T/33265 Seaman ID No: 0500/2/03 Occupation: Deck/Engine/Catering/Other (specify) Rank. FITTER Father's/ Husband's name: MD. 5A22AT ALI GA2I Rank. FITTER Mother's Name: M5 ROMACHA BESTUM Street/Road No: Street/Road No: Mailing address: House No: Street/Road No: Street/Road No:	Nationality:	BANGIL	ADESHI		Passport/NID N	10: EGO	173268
Occupation: Deck/Engine/Catering/Other (specify) Rank FITTER Father's/ Husband's name: MD. SHEEAT ALI GAEJ Rank FITTER Mother's Name: MS ROMALHA BEGYOM Romander Street/Road No: Romander Street/Road No: Mailing address: House No: Street/Road No: Street/Road No: Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA	CDC No	T/33265			Seaman ID No:	05001	2103
Mother's Name: <u>M5</u> ROMACHA BESTUM Mailing address: House No: Street/Road No: Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA	Occupation: Deck	<pre>k/Engine/Catering/C d's name: MD.</pre>	Dther (specify) SAZZAT ALI	GAZI	Rank	FITTER	· · · · ·
Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA	Mother's Name:	m5 f	ROMALHA BE	GUM			
Locality/Village: LAKSHMIKHOLA P.O: LAKSHMIKHOLA P.S: PAIKGA <hha district:="" khulna<="" td=""><td>Mailing address:</td><td>House No:</td><td>~</td><td>Street/Road</td><td>No:</td><td></td><td></td></hha>	Mailing address:	House No:	~	Street/Road	No: 		
P.S: PAIKGACHHA District: KHULNA		Locality/Village: 44	AKSHMIKHOLA	P.O:	SHMIKHOLF	7	
		P.S: PAIK	GACHHA	District:	KHULNH		

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

		o ((11.60)							
	1.	Confirmation that identification docu	ments were chec	ked at the po	pint of examination	VYES/NO			
	2.	Hearing meets the standards in section	YES/NO						
	3.	Unaided hearing satisfactory?	YES/NO						
	4.	Visual acuity meets standards in secti	ion A-I/9?			YES/NO			
	5.	Colour vision meets standards in sect	ion A-I/9?			VYES/NO			
		Date of last colour vision tes	: 0.5.JUN 2023.						
	6.	Fit for lookout duties?	YES/NO						
	7.	7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render							
		the seafarer unfit for service or to re	nder the health o	f any other p	ersons on board?	YES/NO			
	8.	Any limitations or restrictions on fitne	ess?			: YES/NO			
		If YES, specify limitations or r	estrictions						
						*			
		Duties:			*				
		Location/Vessel:			-				
		Medical/Other							
		5							
	9.	Medical fitness category: Fit-No	restriction	Fit-Subi	ect to restrictions	Unfit			
			0 5 1111	Ū	20. 67				
	10.	Date of examination/Issue (DD/MM/	NUL C U	ZUZJ	•				
	11.	Date of expiry (DD/MM/YYYY)	<u>4 JÚN 2025</u> "	No more tha	n 2 years from the o	late of examination"			
						a			
			As Per ML C-2006		Q	CAR)			
hav	/e re	ead the contents of the certificate	NE HEALTA		Dr ATI	M Anwarul Haque			
and	hav	e been informed of the right to	ST N	国	MBBS	S, CCD (BIRDEM)			
revie	ew.	2mm/	As Per MLC-2006		Author	eg. no. A27902 rised by DOS (BD)			
			IN IN	2	Marin	e Health Care Dhaka			
		Seafarer's Signature	Monsed by DOS	5//	Name & Signa	ture 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:

- (a) Hearing
 - 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.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) 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 team physician may attach a form similar or identical to the model provided in Appendix 1)

ed by

- 1. Complete Physical Examination
- 2. Investigation: a. CBC b. ESR c. RBS d. Urine RMM/E

ATM Anwarul Haque MBBS, CCD (BIRDEM) 27902 Reg. no uthorised by DOS (BD) Marine Health Care Dhaka