

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



Form No: SMC

SL NO.

04.2024.5912

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 SAHA First AVIJIT Middle   
Gender: (Male/Female) MALE Nationality BANGLADESH Date: 18 FEB 2024  
Occupation: Deck/Engine/Catering/Other (specify) ENGINEER Rank: 2ND ENGINEER  
Father's/ Husband's name: DHIRAJ SAHA C.D.C No. C/D/6932  
Mother's Name: DURGARAM SAHA Seaman ID No. 050006363  
Address: House No:  Street/ Road No:  Passport No. A08090918  
Locality/Village: CHALYA BAZAR NID No. 3250234857  
P.O.: CHALYA BAZAR Date of Birth: 24/09/1989  
P.S.: MODDOPARA DAOPE (DD/MM/YYYY)  
District: KHULNA

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:

1. Confirmation that identification documents were checked at the point of examination : 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 : 18 FEB 2024
6. Fit for lookout duties? : YES/NO
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 render the health of any other persons on board? : YES/NO
8. Any limitations or restrictions on fitness? : YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

**RADICAL HOSPITAL LIMITED**

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 18 FEB 2024

11. Date of expiry (DD/MM/YYYY) 17 FEB 2026 "No more than 2 years from the date of examination".

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

Seafarer's Signature



**DR. MIR. MD. RAIHAN**

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(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/Navigation 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 transmissible 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/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman 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 right 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 provided in Appendix 1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

**DR. MIR. MD. RAIHAN**  
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DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

18 FEB 2024

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LE CHOLERA**

*ADIT SAHA*  
This is to certify that JE Soussigne' (e) certifie que \_\_\_\_\_ date of birth / no' (e) le *24/07/1989* Sex / sexe *MALE*  
Whose signature follows / dont la signature suit \_\_\_\_\_  
has on the Date indicated been vaccinated or revaccinated against cholera / a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

| Date               | Signature and professional Status of Vaccinator<br>Signature et qualite professionnelle vaccinateur                                                                                                             | Approved Stamp<br>Cachet d'authentification                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <i>18-FEB-2024</i> | <i>[Signature]</i><br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited | <br><b>ORAL CHOLERA</b><br>"DUKORAL"<br>Valid Upto 2 yrs |
| 2                  |                                                                                                                                                                                                                 |                                                                                                                                           |
| 3                  |                                                                                                                                                                                                                 |                                                                                                                                           |
| 4                  |                                                                                                                                                                                                                 |                                                                                                                                           |

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it. May render it invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois à partir de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commencera le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

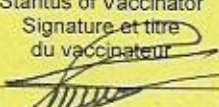
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

This is to certify that  
JE Soussigne' (e) certifie que

date of birth / no' (e) le 24/04/1987 sex / sexe MALE

Whose signature follows  
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

|                            |                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                       |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date<br><b>18 FEB 2024</b> | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinateur<br>         | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numéro<br>du lot<br> | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination<br> |
| 1                          | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DEM. CCD (Birm), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |                                                                                                                                                                               |                                                                                                                                                                       |
| 2                          |                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                       |
| 3                          |                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                       |
| 4                          |                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                       |

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation mondiale de la santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant que servir comme lieu de signature.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il