

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



Form No: SMC

SL NO. **04** . 2023 , 3630

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 HASAN First MOHAMMAD Middle RASHEDUL
Gender: (Male/Female) MALE Nationality: BANGLADESH Date: 22 MAR 2023
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: MASTER
Father's/ Husband's name: MD. ARMAN ALI C.D.C No. 210/3069
Mother's Name: MRS. REJIA KHATUN Seaman ID No. 050003492
Address: House No: 7-B Street/ Road No: RING ROAD Passport No. B00062792
Locality/Village: PROBAL HOUSING NID No. 5503465998
P.O.: MOHAMMADPUR Date of Birth: 02-DEC-1973
P.S.: ADABOR (DD/MM/YYYY)
District: DHAKA

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:

- Confirmation that identification documents were checked at the point of examination YES/NO
 - Hearing meets the standards in section A-I/9 YES/NO
 - Unaided hearing satisfactory? YES/NO
 - Visual acuity meets standards in section A-I/9? YES/NO
 - Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 22 MAR 2023
 - Fit for lookout duties? YES/NO
 - 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
 - Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Utara, Dhaka, Bangladesh

9. Medical fitness category : Fit-No restriction Fit-Subject to restrictions Unfit

10. Date of examination/Issue (DD/MM/YYYY) 22 MAR 2023

11. Date of expiry (DD/MM/YYYY) 21 MAR 2025 "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), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng 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:

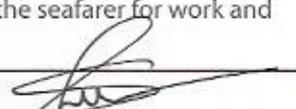
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

22 MAR 2023


DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bircem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

M P A
SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, middle) HASAN MOHAMMAD RASHEDUL		Gender: Male/ Female *
Date of Birth: (Day/month/year) 02-DEC-1973	Nationality: BANGLADESHI	Place of Birth: JAMALPUR

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test:	22 MAR 2023	
6	Fit for look-out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	22 MAR 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	21 MAR 2025	

22 MAR 2023

Date

Signature of Authorised
Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

SEAFARER MEDICAL CERTIFICATE - March 2020

**04.2023.3630**


**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) HASAN MOHAMMAD RASHEDUL (BLOCK CAPITALS)		Gender: Male/Female*	
Date of Birth: day/month/year 02-DEC-1973	Place of Birth: JAMALPUR	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00052712	Dept: Deck / Engine / Catering / others Rank: MASTER	Type of ship: CONTAINER	
Home Address: PROBAL TOWER, FLAT-7B, 45 RING ROAD, MOHAMMADPUR, DHAKA-1207	Routine and emergency duties: VESSEL'S COMMAND	Trading area: e.g. coastal / worldwide	

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		<input checked="" type="checkbox"/>	18. Sleep problem		<input checked="" type="checkbox"/>
2. High blood pressure		<input checked="" type="checkbox"/>	19. Do you smoke, use alcohol or drugs?		<input checked="" type="checkbox"/>
3. Heart/vascular disease		<input checked="" type="checkbox"/>	20. Operation/surgery		<input checked="" type="checkbox"/>
4. Heart Surgery		<input checked="" type="checkbox"/>	21. Epilepsy/seizures		<input checked="" type="checkbox"/>
5. Varicose veins/piles		<input checked="" type="checkbox"/>	22. Dizziness/fainting		<input checked="" type="checkbox"/>
6. Asthma/bronchitis		<input checked="" type="checkbox"/>	23. Loss of consciousness		<input checked="" type="checkbox"/>
7. Blood disorder		<input checked="" type="checkbox"/>	24. Psychiatric problems		<input checked="" type="checkbox"/>
8. Diabetes		<input checked="" type="checkbox"/>	25. Depression		<input checked="" type="checkbox"/>
9. Thyroid problem		<input checked="" type="checkbox"/>	26. Attempted suicide		<input checked="" type="checkbox"/>
10. Digestive disorder		<input checked="" type="checkbox"/>	27. Loss of memory		<input checked="" type="checkbox"/>
11. Kidney problem		<input checked="" type="checkbox"/>	28. Balance problem		<input checked="" type="checkbox"/>
12. Skin Problem		<input checked="" type="checkbox"/>	29. Severe headaches		<input checked="" type="checkbox"/>
13. Allergies		<input checked="" type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem)		<input checked="" type="checkbox"/>
14. Infectious / contagious diseases		<input checked="" type="checkbox"/>	31. Restricted mobility		<input checked="" type="checkbox"/>
15. Hernia		<input checked="" type="checkbox"/>	32. Back or joint problem		<input checked="" type="checkbox"/>
16. Genital disorder		<input checked="" type="checkbox"/>	33. Amputation		<input checked="" type="checkbox"/>
17. Pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. Fracture/dislocations		<input checked="" type="checkbox"/>

If you answer "yes" to any of the above questions, please provide details:



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?		<input checked="" type="checkbox"/>
37. Have you ever been declared unfit for sea duty?		<input checked="" type="checkbox"/>
38. Has your medical certificate even been restricted or revoked?		<input checked="" type="checkbox"/>
39. Are you aware that you have any medical problems, diseases or illnesses?		<input checked="" type="checkbox"/>
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. Are you allergic to any medication?		<input checked="" type="checkbox"/>
42. Are you using any non-prescription or prescription medication?		<input checked="" type="checkbox"/>

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

22 MAR 2023

Date

Signature of Seafarer



DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MIR MD RAIHAN.

22 MAR 2023

Date

Signature of Seafarer



DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

No

Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	6/6	6/6

Visual fields

	Normal	Defective
Right eye	<i>[Signature]</i>	
Left eye		

Colour Vision (please tick)

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	172 (cm)	Weight	92 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose	Nil	Protein	Nil
		Blood	Nil

	Normal	Abnormal
Head	<i>[Signature]</i>	
Sinus, nose, throat	<i>[Signature]</i>	
Mouth/teeth	<i>[Signature]</i>	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	Not	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

Not performed

Performed on (day/month/year): ... 22 MAR 2023

Results: *Normal em X-ray*

Other diagnostic test(s) and result(s):

Test: *Blood Hct* Results: *Normal*

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty

Unfit for lookout duty

Visual aid required

Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/			
Unfit				



Without restrictions

With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

22 MAR 2023

Date



Signature of
Medical Practitioner

DR. MIR, MD. RAIHAN
MBBS (DU), DFM, CCD (Blrdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Practitioner's name, licence number, address

