

MEDICAL CERTIFICATE SEAFARERS

with the requirement of the STCW Convention, 1978 as amended and Maritime Labour Convention 2006

SURNAME: ISLAM		GIVEN NAME: MOHAMMED AMINUL	
DATE OF BIRTH DAY 05 MONTH 06 YEAR 1965		PLACE OF BIRTH CITY BRAHMANBARIA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT CORDIAL PRATIK, LICHU BAGAN, JOAR SHAHARA, VATARA, DHAKA-1229 BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE		6/6	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒ LEFT EAR ☒
LEFT EYE		6/6		

Confirmation that identification document were checked at the point of examination : YES ☒ NO ☐

Hearing meets the standards in STCW code, Section A-1/9 YES ☐ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW code, Section A-1/9 YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9 YES ☒ NO ☐
(THE VISUAL TEST IT IS REQUIRED EVERY SIX YEARS)
Date of the last colour vision test : (Day/ Month/ Year) 18 OCT 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping: YES ☒ NO ☐

Is applicant taking any non-prescription of prescription medications? YES ☐ NO ☒

Is the seafarers free from any medical condition likely to be aggravated by service at sea or render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the physical examination

Signature of Applicant: Amin Name of Applicant: MOHD. AMINUL ISLAM Date: 18 OCT 2023

CIRCLE APPROPRIATE CHOICE (HE/SHE) IS FOUND TO BE (FIT/NOT FIT) FOR DUTY AS A (MASTER/ DECK OFFICER/ ENGINEERING OFFICER/ RADIO OPERATOR/ RATING) (WITHOUT ANY / WITH THE FOLLOWING RESTRICTIONS :

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN : DR. MIR MD. RAIHAN MBBS, (DU), DFM
ADDRESS : RADICAL HOSPITAL LIMITED URRARA, DHAKA-1230, BANGLADESH
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH
DATE OF ISSUE PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN: [Signature] STAMP OF PHYSICIAN: [Stamp] DATE: 18 OCT 2023
EXPIRY DATE OF CERTIFICATE : This certificate is valid upto one contract one year 17 OCT 2024

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