



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

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) SAEED MD SAEEDUZZAMAN		Gender: Male/Female*
Date of Birth: (Day/month/year) 21/02/1991	Nationality: BANGLADESHI	Place of Birth: GAZIPUR

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
	Date of last colour vision test: 22 OCT 2023		
6	Fit for look-out duty?	☒	☐
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?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year) 22 OCT 2023		
10	Expiry of certificate: (day/month/year) 21 OCT 2025 ** Maximum two years from date of examination unless the seafarer is under the age of 18		

22 OCT 2023

Date

Signature of Authorised
Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping 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



04.2023.5041

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISIONMPA
SINGAPORE

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) (BLOCK CAPITALS) SAEED MD SAEEDUZZAMAN		Gender: Male/Female* Male
Date of Birth: day/month/year 21/02/1991	Place of Birth: GAZIPUR	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00578508	Dept: Deck / Engine / Catering / others Rank: 2ND ENGINEER	Type of ship: CONTAINER
Home Address: House - 135, North Aichpara, 31 mollabari Road, Tongi West, Nishat nagor, Gazipur.	Routine and emergency duties:	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		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	22. Dizziness/fainting		☒
6. Asthma/bronchitis		☒	23. Loss of consciousness		☒
7. Blood disorder		☒	24. Psychiatric problems		☒
8. Diabetes		☒	25. Depression		☒
9. Thyroid problem		☒	26. Attempted suicide		☒
10. Digestive disorder		☒	27. Loss of memory		☒
11. Kidney problem		☒	28. Balance problem		☒
12. Skin Problem		☒	29. Severe headaches		☒
13. Allergies		☒	30. Ear (hearing, tinnitus/nose/throat problem)		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy	NA		34. Fracture/dislocations		☒

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

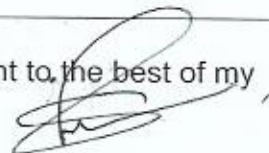


Additional questions

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

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.



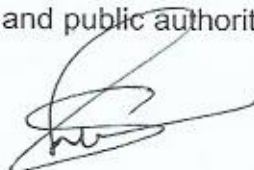
22 OCT 2023

Date


Signature of Seafarer

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

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 OCT 2023

Date


Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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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	6/6	6/6	Distant		
Near	NS	NS	Near		

Visual fields

	Normal	Defective
Right eye	/	
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 (cm)	172	Weight (kg)	73
Pulse rate (per minute)	78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	75
Urinalysis: Glucose	Nil	Protein	Nil
Blood	Nil		

	Normal	Abnormal
Head	/	
Sinus, nose, throat	/	
Mouth/teeth	/	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
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): 2-2 OCT 2023

Results: Normal

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

Test

Results:

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 OCT 2023

Date



Signature of
Medical Practitioner

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Medical Practitioner's name, licence number, address

