

SEAFARER MEDICAL CERTIFICATE

Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG. NO.- A16713
Seafarers Medical Practitionr
Approved by D.G. Shipping Dhaka.

Chamber: IDEAL PATHOLOGY

162, Sk. Mujib Road, Mostafa Plaza (2nd Floor) Badamtoly, Mazar Gate, Agrabad, Chattogram.

Contact No.: 01711-171054



Consultant Doctor: Shipping & Crew manning Agencies:									
Ran	This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping Dhaka Bangladesh, to the named seafarer in compliance with requirements of regulation 1/9, Section A - 1/9 and section B-1/9, of the STCW 95 convention as amended in 2010, Guidelline B.1.2.1. of the MLC 2006 and Guidelines on the medical examination of seafarer's 2013 Published by ILO.								
FC	FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS								
Naı	Name (last, mist, made).								
Dat	e of birth (day/month/year): 18 / ne address : JANGALIA, AD	IJAN	IGAL	ΪΑ,	Sex: Male Female KALIGANJ, GAZIPUR.				
	sport No./seafarer's book No:	C/O	/8056	3					
	partment : (deck/engine/radio/food h	nandlin	g/othe	r):	ENGINE				
	2ND ENGINEE	R	3						
	itine and emergency, duties (if know	vn) : _		B	OTH				
	e of ship (e.g.container, Tanker, pa		er):		·				
	de area (e.g., coastal, tropical, work			W	ORLDWIDE				
	AMINEE'S PERSONAL DECLA								
	sistance Should Be Offered By Med								
•	e you ever had any of the following								
	Condition	YES	NO		Condition	YES	NO		
1.	Eye / Vision Problem		Q	10.	Digestive disorder		ত্র		
	- 1000								
2.	Highblood pressure		回	11.	Kidney problem		d		
3.	Heart/vascular disease		Ø	12.	Skin problem		Q		
4.	Heart surgery		回	13.	Allergies		J		
5.	Varicose veins/Piles		口	[•] 14.	Infectious/contagius diseases		A		
6.	Asthma/Brorchitis		口	15.	Hernia		Q		
7.	Blood Disorder		d	16.	Genital disorders		Q		
8.	Diabetes Mellitus		ত্র	17.	Pregnancy N - A				
9.	Thyroid problem		Ø	18.	Do You smoke, use Alcohol or Drugs?		回		

19.	Operation/surgery		র্ত্র	27.	Severe headaches			Ø	
20.	Epilepsy/ seizures		Q	28.	Ear (hearing/tinnitus) Nose/Throat problem			A	
21.	Dizziness/fainting		Q	29.	Depression			回	
22.	Loss of consciousness		T	30.	D. Restricted mobility			d	
23.	Psychiatric Problems		T	31.	Back or joint problem			D	
24.	Attempted suicide		ব্	32.	Amputation			回	
25.	Loss of memory		d	33.	Fractures/dislocations			Q	
26.	Balance problem		Q	34.	Sleep problem				
If any of the above questions were answered "Yes", please give details									
Additional questions								NO	
35.							\top	d	
36.	i. Have you ever been hospitalized?							ত্র	
37.	Have you eve been declared unfit for for sea duty?							Ø	
38.	Has your medical certificate ever been restricted or revoked?							回	
39.	Are you aware that you have any medical problems, diseases or illness?							ব্	
40.	0. Do you feel healthy and fit to perform the duties of your designated position/occupation?								
41.	. Are you allergic to any medications?							回	
42.	Is the seafarer suffering from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit or to endanger the health of other person on board?							ত্র	
Coi	mments:	Fit For D	uty On	Board	d Ship				
	Additional questions						YES	NO	
43.								Ø	
	If yes, please list the medications taken and the purpose (s) and dosage (s).								

I hereby certify that the personal declaration above is a true statemen to the best of my knowledge.									
Signature of e	examinee : _								
Date (day/mo	nth/year):_	22/1	0/2023	3	Chakrahe	ortv			
Witnessed by	· (Signature) V	المراز رحبه	aritosii (_MakigqQk (SUB),CCD (Bir	dem)			
Name: (typed	or printed):	Dr. Parito	sh Chakrab	CCC9 CCC9	(Heart Founda GREUNGOM	ntion: U7(SUB), CC	D (Birdem), CCCI	O (Heart Found	lation)
I hereby author	orize the rel	ease or all my	previous mo	dical lecord	Medical Practi	ealth profess	sinals,	1	
health, institut	tions and pu	iblic authoritie	s to <u>Dr. Parito</u>	osh Chakra	borty, MBB	S (CU), DMU	(SUB), CCD (Birder	m), CCCD (Hear	t Foundation)
(The approve									
Signaturer of	examinee :				- JC				
Date (day/mo	onth/year) :_	22/1	0/2023	3	(200)	eri's			
				my,	Charles Con	CA CHECKARA	CD (Birdem), CCC		
Witnessed by	r: (Signature	e) :		1000	W.C. C.	Man Ort			
Name : (Type	ed or printed	i) : <u>Dr. Parito</u>	osh Chakra	botty MBI	BS PCLY DI	ÎÛ (SUB), CO	CD (Birdem), CCC	D (Heart Foun	dation)
Date and con). w	Gester IN	N.A			
Date and con	itact details	for previous n	nedical examir	nation (if kno	WDF:				
			ME	DICAL E	EXAMIN	ATION			
SIGHT		antagt language	s. Vos/No (if was say	اماطيد بيانما		Consulpat average		
Use of glas	sses or co	ontact iense	s: res/No (ii yes, spe	ecily which	i type and	for what purpo	ise)	
			Visual	acuity			7	Visual field:	5
		Unaided			Aided		Eye		Defective
	Right eye	Left	Binocular	Right eye	Left eye	Binocular	Right	~	
Distant	66	6/6	6 6				Left	V	
Near	N5	N5	NS		40				
Color visi	lon						bafed	Defectiv	10
		☐ Not t	estea	⊠ Norm	ai		oubtful	Delectiv	/e
Hearing									
	Pure t	one and au	diometry (th	reshold va	alues in dE	3) .	Speech ar	nd whisper te	
Ear	500.11=	1,000 Hz	2,000 Hz	1 2 000 11			Ear	Normal	Whisper
Right	500 Hz	√ 1,000 Hz	Z,000 HZ	3,000 Hz	2		Right	04	02
Left	V	V	~				Left	04	02
							-		
Clinical F				00					
Height: $\frac{173}{(cm)}$ (cm) Weight: $\frac{80}{(kg)}$									
Pulse rate: 72 (/Minute) Rhythm: REGULAR									
Blood pressure: Systolic: 120 (mmHg) Diastolic: 80 (mmHg)									
Urinalysis: Glucose: NIL Protein (Albumin) TRACE Blood: NIL									

	Na	Ab	·	Normal	Abnormal		
	Normal	Abnormal		roman			
Head			Skin	1			
Sinuses, Nose, Thront		<u> </u>	Varicose venis				
Mouth/Teeth	<u>A</u>	<u> </u>	Vascular (inc. Podal pulsos)				
Ears (general)			Abdomen and viscera	- F			
Tympanic Membrane	<u> </u>	<u> </u>	Hernia				
Eyes			Anus (not rectal exam.)	떨			
Ophthalmoscopy		<u> </u>	G-U system	4			
Puplis	M	<u> </u>	Upper and lower extremities Spine (C/S, T/S and L/S)	<u> </u>	- ;		
Eye Movement	H H	 	Neurologic (full/brief)				
Ereast examination N.A.		 	Psychiatric	M			
Heart	- \-	누뉴	Greneral appearrance	₩			
		erformed	Performed (day/month/year)_		2023		
Chest X-ray		citorined	Fellorified (day/filorifia year)				
Results: NOR!	MAL						
Other Diagnosti							
TestDRUG & ALCOHO	L Resu	ılt. NEG	SATIVE				
Medical practitioner's comm	nents and a	ssessment of	fitness, with reasons for any lin	nitations :			
	Fit I	For Duty On B	oard Ship				
Assessment of fitness for service at sea On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:							
Fit for look-out							
Deck servi	ce	Engine servi	ce Catering service	Other	service		
Fit 📗		<u> </u>					
Unfit	Unfit						
™ Without restrictions	With restri	ctions	Visual aid require	ed [Yes	Mo		
Describe restrictions (e.g. s	pecific posi	tions, type of si o Restricti	hip, trade area) ons				
Medical certificate's date of Expiration (day/month/year): 21 / 10 / 2025 Date of medical certificate Issued (day/month/year): 22/ 10 / 2023 Number of medical certificate: 01/22102023							
			itosh Chakraborty, MBBS (CU), DMU (SUB), CC	D'(Birdem), CCCD	(Heart Foundation)		
Name of medical practitioner (typed of printed): Dr. Parilosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation) Licanse number of medical practitioner: Registration No. A-16713, BMDC, Dhaka, Bangladesh.							
		Mulib Road, Mosta	afa Plaza (2nd Floor), Badamtoly, Mazar				
Signature of medical practiti		M	chakrabo (nirdem)				
Cr Paritosin usual Coundation							
Page-4 Or. Parison DMD (Heart Pow. A167) MRBS (CL) (Heart Pow. A167) BMDC REG No. A167) Sestarers Medical Practitionel Sestarers Medical Practitional Approved by D.G. Shipping Dhak.i.							

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA							
SURNAME: FARU	JQ	GIVEN N	IAME (S): MD OMAR	As Par MLC-2005			
DATE OF BIRTH: DAY 18 MONTH	07 year 1992		DF BIRTH AZIPUR COUNTRY BANGLADI	ESH MALE FEMALE			
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		JANO ADI J KALI	S ADDRESS OF APPLICANT: SALIA, IANGALIA, GANJ, IPUR.				
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN					
	VISION		COLOR TEST TYPE	HEARING			
	WITHOUT GLASSES	WITH GLASSES	ГУ воок				
RIGHT EYE	<u>6/6</u>	N	Y LANTERN YELLOW NAD RED NAD	RIGHT EAR <u>NO</u> RMAL			
LEFT EYE	<u>6/6</u>		GREEN NAD BLUE NAD	LEFT EAR NORMAL			
Confirmation that identific	cation documents were ch	ecked at the point of e	xamination: YES 🗹 NO 🗌				
Hearing meets the standa	ards in STCW Code, Secti	ion A-1/9? YES 🗹	NO NOT APLICAB	LE 🗌			
Unaided hearing satisfact	tory? YES MO						
	dards in STCW Code, Sec	tion A-1/9? YES M	NO □				
Colour vision meets stand (the visual test it is require	dards in STCW Code, Sec	ction A-1/9? YES	NO 🗆				
Are glasses or contact lea	nses necessary to meet th	ne required vision stand	dards? YES NO Y				
Able for watchkeeping? Y	res 🗹 no 🗌						
Is applicant taking any no	on-prescription or prescript	tion medications? YES	□ NO 🗹				
	any medical condition likel her persons on board? YE		service at sea or to render the seafa	rers unfit for such service or to			
Hereby I declare that I an	n in knowledge of the cont	lents of the Physical E	xamination.				
		MD OMAR FA	7BI IK	22/10/2023			
- Classition of	Analisana						
Signature of	· ·		Applicant	Date			
CIRCLE APPROPIATE ENGINEERING OFFICEI	CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: No Restrictions						
Fit For Duty On Board Ship							
NAME AND DEGREE OF	PHYSICIAN: DR. P.	ARITOSH CH	AKRABORTY, MBBS	(C.U)			
ADDRESS:162, S.K. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD, CHATTOIGRAN							
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BMDC, DHAKA, REG. NO # A-16713.							
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-MAY-1986							
SIGNATURE OF PHYSIC	CIAN:W.	STAMP	OF PHYSICIAN A COMPANY	DATE: 22/10/2023			
EXPIRY DATE OF CERT	,	_	Call St. Ho do de				
100 miles	This certificate is issued to of the STCW Convent	by the Panama Maritime	Authority in Compliance With The Requi	rements 006.			
F-ALM-012 Rev.05							
			Of. The top Par	Rev.05			
			2 SAFE	Page 1 de 1 Date: 13/03/2013			

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH 08/22102023

Form No: SMC



SL NO:	
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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 Traing Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006.

SEAFARER INFORMATION:	MD OMAR		
Name : Last	MD OMAR 18-07-1992	Middle	
Date of Birth: (DD/MM/YYYY)	MAIF		
Gender: (Måle/Female)	MALE	A11801118	•••••
Nationality:	Passport/NID No:	0E007072	
CDC No	Seaman ID No:	050007072	
Occupation : Deck/Engine/Catering/	Other (specify)	2ND ENGINEER	
Father's/Husband's name :	Other (specify)		
Mother's Name :	ORJAHAN BEGUM		
Mailing address :	House No	Street / Road No	
Locality/Village : JANGALIA	P.O	ADI JANGALIA	
P.SKALIGANJ	District	GAZIPUR	·
DECLARATION OF THE RI	ECOGNIZED MEDICAL PRAC	TITIONER:	
	ent of Shipping, Government of the Per	ople's Republic of Bangladesh and co	nfirm
the followings;	- de	int of accoming time .	<i>.</i> NO
 Confirmation that identification Hearing meets the standards 	n documents were checked at the po	oint of examination : YES	
3. Unaided hearing stisfactory?	III Section A-1 / 9 :	XES	
4. Visual acutity meets standard	s in section A-1 / 9 ?	✓ES	
5. Colour vision meets standard		\$25	/ NO
Date of last colour vision test 6. Fit for lookout duties?	:		/ NO
	nedical condition likely to be aggravate		, 110
the seafarer unfit for service of	or the render the health of any other p	persons on board?	
8. Any limitations or restictions of		YES	Na
If YES, specify limitations or	restrictions		
Duties:			
Location/Vessel:			
Medical/Other	······································		;
9. Medical fitness category:	Fit-No restriction Fit-subject to	o restrictions Unfit-	
····	22-10-2023		
10. Date of examination/Issue (DD/N			
10. Date of examination issue (DD/M	21-10-2025	••••	
11. Date of expiry (DD/MM/YYYY)		e than 2 years from the datery examina	ıtion"
	Desartman	I WU'''	
I have read the contents of the certifi	icate	Chakiat Burchion:	
and have been informed or the right		OSTIKOS OMU ISTRA FOR A161	

review.

Seafarer's Signature

