



# SEAFARER MEDICAL CERTIFICATE

**Dr. Paritosh Chakraborty**  
 MBBS (CU), DMU (SUB), CCD (Birdem)  
 CCCD (Heart Foundation)  
 BMDC REG. NO.- A16713  
 Seafarers Medical Practitioner  
 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 :

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, Guideline B.1.2.1. of the MLC 2006 and Guidelines on the medical examination of seafarer's 2013 Published by ILO.

## FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS

Name (last, first, middle) : FARUQ MD OMAR

Date of birth (day/month/year): 18 / 07 / 1992 Sex:  Male  Female

Home address : JANGALIA, ADI JANGALIA, KALIGANJ, GAZIPUR.

Passport No./seafarer's book No: C/O/8056

Department : (deck/engine/radio/food handling/other): ENGINE

Rank : 2ND ENGINEER

Routine and emergency, duties (if known) : BOTH

Type of ship (e.g.container, Tanker, passenger): \_\_\_\_\_

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

### EXAMINEE'S PERSONAL DECLARATION

(Assistance Should Be Offered By Medical Staff)

Have you ever had any of the following conditons?

Condition	YES	NO	Condition	YES	NO
1. Eye / Vision Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Highblood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins/Piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Infectious/contagius diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma/Brorchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Blood Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Genital disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Do You smoke, use Alcohol or Drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

19.	Operation/surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27.	Severo headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20.	Epilepsy/ seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.	Ear (hearing/innitus) Nose/Throat problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21.	Dizziness/fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29.	Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22.	Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30.	Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Psychiatric Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31.	Back or joint problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Attempted suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32.	Amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Loss of memory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33.	Fractures/dislocations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34.	Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above questions were answered "Yes" , please give details

Additional questions		YES	NO
35.	Have you ever been signed off as sick or repartiated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36.	Have you ever been hospitalized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37.	Have you eve been declared unfit for for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38.	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39.	Are you aware that you have any medical problems, diseases or illness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your desginated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41.	Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Comments:**

**Fit For Duty On Board Ship**


Additional questions		YES	NO
43.	Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 statement to the best of my knowledge.

Signature of examinee : \_\_\_\_\_

Date (day/month/year) : 22/10/2023

Witnessed by: (Signature)  **Dr. Paritosh Chakraborty**  
MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Name: (typed or printed): **Dr. Paritosh Chakraborty**, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Paritosh Chakraborty**, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation) (The approved medical practitioner).

Signaturer of examinee : \_\_\_\_\_

Date (day/month/year) : 22/10/2023

Witnessed by: (Signature) : \_\_\_\_\_

Name : (Typed or printed) : **Dr. Paritosh Chakraborty**, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Date and contact details for previous medical examination (if known) : N.A

**MEDICAL EXAMINATION**

**SIGHT**

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	6/6			
Near	N5	N5	N5			

Eye	Visual fields	
	Normal	Defective
Right	✓	
Left	✓	

**Color vision**

Not tested     Normal     Doubtful     Defective

**Hearing**

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

**Speech and whisper test (meters)**

Ear	Normal	Whisper
Right	04	02
Left	04	02

**Clinical Findings**

Height : 173 (cm)

Weight : 80 (kg)

Pulse rate : 72 (/Minute)

Rhythm: REGULAR

Blood pressure : Systolic : 120 (mmHg) Diastolic : 80 (mmHg)

Urinalysis : Glucose : NIL Protein (Albumin) TRACE Blood : NIL

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, Nose, Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (Inc. Podal pulsos)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic Membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Splne (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination N.A	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input type="checkbox"/> Not performed		<input checked="" type="checkbox"/> Performed (day/month/year) <u>22/10/2023</u>		

Results: NORMAL

### Other Diagnostic Test (S) and Result+(S)

Test DRUG & ALCOHOL Result. NEGATIVE

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

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  Not fit for look-out duty

	Deck service	Engine service	Catering service	Other service
<input checked="" type="checkbox"/> Fit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions  With restrictions Visual aid required  Yes  No

Describe restrictions (e.g. specific positions, type of ship, trade area)  
**No Restrictions**

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

Name of medical practitioner (typed of printed) : Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Licence number of medical practitioner : Registration No. A-16713, BMDC, Dhaka, Bangladesh.

Address of medical practitioner : 162, Sk. Mujib Road, Mostafa Plaza (2nd Floor), Badamtoly, Mazar Gate, Agrabad, Chattogram.

Signature of medical practitioner : \_\_\_\_\_

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



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

08/22102023

Form No : SMC



SL NO:.....

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 **FARUQ** First **MD OMAR** Middle.....  
Date of Birth : (DD/MM/YYYY) **18-07-1992**  
Gender : (Male/Female) **MALE**  
Nationality : **BANGLADESHI** Passport/NID No: **A11801118**  
CDC No. **C/O/8056** Seaman ID No: **050007072**  
Occupation : Deck/Engine/Catering/Other (specify) **2ND ENGINEER**  
Father's/Husband's name : **ASHRAF UDDIN**  
Mother's Name : **NOORJAHAN BEGUM**  
Mailing address : .....House No-.....Street / Road No-.....  
Locality/Village : **JANGALIA** P.O. **ADI JANGALIA**  
P.S. **KALIGANJ** District **GAZIPUR**

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-1 / 9 ?  YES / NO
- Unaided hearing satisfactory ?  YES / NO
- Visual acuity meets standards in section A-1 / 9 ?  YES / NO
- Colour vision meets standards in section A-1 / 9 ?  YES / NO  
Date of last colour vision test : **22-10-2023**
- Fit for lookout duties ?  YES / NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or the render the seafarer unfit for service or the 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

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

**22-10-2023**

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

**21-10-2025**

11. Date of expiry (DD/MM/YYYY)....."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. Paritosh Chakrabarty**  
MBS (C), DMU (SUB), CCO (Birdem)  
CCO (Heart Foundation)  
BMC REG. No.- A16713  
Name & Signature of Medical Practitioner:  
Approved by BS Practitioner :