





# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <b>DHRUBO</b>		GIVEN NAME (S): <b>MURADUL ISLAM</b>	
DATE OF BIRTH: DAY <b>15</b> MONTH <b>1</b> YEAR <b>2001</b>		PLACE OF BIRTH CITY <b>SIRAJGANJ</b> COUNTRY <b>BANGLA</b>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>VILL. BARABIL DOKKHIN DARIYAPUR, PO SHAHZADPUR-6770, PS. SHAHZADPUR, DIST. SIRAJGANJ, BANGLADESH.</b>	

DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	<b>6/6</b>	—	RIGHT EYE — <b>NORMAL</b>
LEFT EYE	<b>6/6</b>	—	LEFT EYE — <b>NORMAL</b>
		<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW <b>NAD</b> RED <b>NAD</b> GREEN <b>NAD</b> BLUE <b>NAD</b>	

Confirmation that identification documents 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) **23 DEC 2024**


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 or prescription medications? YES  NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer or 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.


**MURADUL ISLAM DHRUBO**
**23 DEC 2024**

Signature of Applicant Name of Applicant

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):

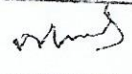
**Fit For Duty On Board Ship** **No Restrictions**

NAME AND DEGREE OF PHYSICIAN: **Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), Heart Foundation)**

ADDRESS: **Ideal Pathology, 162, SK. Mujib Road, Mostafa Plaza (2/F), Badamtoly Mazir Gate, Agrata, Chittogram.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **20-05-1986**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: **Dr. Paritosh Chakraborty**  
MBBS (CU), DMU (SUB), CCD (Birdem), Heart Foundation  
**BMDC REG No. - A10742**  
 Seafarers Medical Practitioner  
 Approved by D.G. Shipping Dhaka

DATE: **23 DEC 2024**

EXPIRY DATE OF CERTIFICATE: **22 DEC 2026**

*This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention.*