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

Form No : SMC

SL NO: 000240/15

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 in 1995 (STCW'95) and Regulation 1.2 of the Maritime Labour Convention, 2006.

SEAFARER INFORMATION :

Name : Last ZANI First RAFSUN Middle

Date of Birth : (DD/MM/YYYY) 11-03-1989

Gender : (Male/Female) ✓

Nationality : BANGLADESHI Passport/NID No: AG 1315899

CDC No. C/01/7285 Seaman ID No:

Occupation : Deck/Engine/Catering/Other (specify) ✓

Father's/Husband's name : MD. SEKANDER ALI

Mother's Name : MST. SELINA AKTER

Mailing address : House No- Street / Road No-

Locality/Village : AKKELPUR P.O. JANDERPUR

P.S. BADALGACHHI District NAOGAON.

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER :

I am duly authorized by he Department of Shipping, Government of the Perople's Republic of Bangladesh and confirm the followings;

1. Confirmation that identification documents were checked at the point of examination : ✓YES / NO
2. Hearing meets the standards in section A-I / 9 ? ✓YES / NO
3. Unaided hearing stisfactory ? ✓YES / NO
4. Visual acutity meets standards in section A-I / 9 ? ✓YES / NO
5. Colour vision meets standards in section A-I / 0 ? ✓YES / NO
   Date of last colour vision test : 12.03.15
6. Fit for lookout duties ? ✓YES / NO
7. 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
8. Any limitations or restictions on fitness ? YES / NO ✓
   If YES, specify limitations or restrictions

Duties :
Location/Vessel : MV. AL WAKRAH.
Medical/Other

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

10. Date of examination/Issue (DD/MM/YYYY) 12.03.15
11. Date of expiry (DD/MM/YYYY) 11.03.17 "No more than 2 years from the date of examination"

I have read the contents of the certificate and have been informed or the right to review.

Seafarer's Signature

Official Stamp

Dr. Mohd.G. Mostafa
M.B.B.S.
Regd. No. A 9486
Medical Officer, BSCIC
Chittagong, Bangladesh

Name & Signature of the practitioner :

MEDICAL REQUIREMENTS

All applicants for on officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity documnet, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the application is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. in addition, the following minimum requirements shall apply :

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable or hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicats must have (either with or without glasses) at least 6/6 {20/20}(1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer appliacants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and readio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions
- Applicants afflicted with any of the following diseases or conditions shall be disqualified : epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE :

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafaree for work and enhancing helath care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1)

Complete Physical Examination :	NAD	Urine For Routine Examination :	NAD
Blood For Routine Examination :	NAD	X-Ray Chest PA View :	NAD
Electro Cardiogram Test :	NAD	Eye Examination For V/A & C/V :	NAD

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE' LE CHOLERA

This is to certify that ..... RAFSUN ZANI ..... D.O.B / ne (e) le } 11-03-1982 sex / sexe } MALE
Je soussigne (e) certifie que

whose signature follows / dont la signature suit } .....

has on the date indicated been vaccinated or revaccinated aginst cholera a etc vaccine (e) ou revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional status of vaccinator Signature et qualite Prof-essionnelle du vaccinateur	Approved Stamp Cachet d' authentification	
1	2	1	2
05 MAR 2015	Dr. Md. Golam Mostafa M.B.B S. (C.U) Reg No. A-9486 Medical Officer, BSCIC	CENTRE FOR VACCINATION AGRABAD C/A. CTG. BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.

2		3	4
3		5	6
4		7	8

Continued overleaf Suite our erso

SEAFARER MDEICAL CERTIFICATE

Dr. Mohammad Golam Mostafa
MBBS (C.U), B.C.S (HEALTH)
Reg No. A-9486 Dt. 30.04.1981
BMDC, Dhaka, Bangladesh
Former, Medical Officer, Govt. Seamen's Dispensary,
Port Health Office, Chittagong.
Medical Officer, BSCIC, Chittagong.
Director : National Hospital Chattagram & Sigma Lab Ltd.

Chamber :
126, Sk. Mujib Road,
Opposite to Chowmuhani Moor Mosque
Contact No : 031-713056, 01711-014513

Consultant Doctor : Shipping & Crew manning Agencies :

This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping Dhak 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 conventio as amended in 2010, Guidelline B.I.2.1. of the MLC 2006 and Guidelines on the medical exanination of seafarer's 2013 Published by ILO.

FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARER

Name (last, first, middle) : ZANI, RAFSUN

Date of birth (day/month/year): 11 / 03 / 1989 Sex: ☑ Male ☐ Female

Home address : VILL: AKKELPUR, P.O: JANDARPUR, P.S: BADALGACHHI, DT- NAOGAON

Passport No./seafarer's book No: AG 1315899

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

Rank : JUNIOR ENGINEER

Routine and emergency, duties (if known) :

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

Trade area (e.g., coastal, tropical, 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	N
1.	Eye / Vision Problem	☐	☑	10.	Digestive disorder	☐	☑
2.	Highblood pressure	☐	☑	11.	Kidney problem	☐	☑
3.	Heart/vascular disease	☐	☑	12.	Skin problem	☐	☑
4.	Heart surgery	☐	☑	13.	Allergies	☐	☑
5.	Varicose veins/Piles	☐	☑	14.	Infectious/contagius diseases	☐	☑
6.	Asthma/Brorchitis	☐	☑	15.	Hernia	☐	☑
7.	Blood Disorder	☐	☑	16.	Genital disorders	☐	☑
8.	Diabetes Mellitus	☐	☑	17.	**Pregnancy**	☐	☑
9.	Thyroid problem	☐	☑	18.	Do You smoke, use Alcohol or Drugs?	☐	☑

19.	Operation/surgery	☐	☑	27.	Severe headaches	☐	☑
20.	Epilepsy/ seizures	☐	☑	28.	Ear (hearing/tinnitus) Nose/Throat problem	☐	☑
21.	Dizziness/fainting	☐	☑	29.	Depression	☐	☑
22.	Loss of consciousness	☐	☑	30.	Restricted mobility	☐	☑
23.	Psychiatric Problems	☐	☑	31.	Back or joint problem	☐	☑
24.	Attempted suicide	☐	☑	32.	Amputation	☐	☑
25.	Loss of memory	☐	☑	33.	Fractures/dislocations	☐	☑
26.	Balance problem	☐	☑	34.	Sleep problem	☐	☑

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?	☐	☑
36.	Have you ever been hospltalized?	☐	☑
37.	Have you eve been declared unfit for for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illness?	☐	☑
40.	**Do you feel healthy and flt to perform the dutles of your deslgned position/occupation**	☑	☐
41.	Are you allergic to any medications?	☐	☐

Comments:

Fit For Duty On Board Ship

	Additional questions	YES	NO
42.	Are you taking any non-prescription or prescription medications?	☐	☑

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 examinee : _____

Date (day/month/year) : 12-03-2015

Witnessed by: (Signature) _____

Dr. Mohd.G. Mostafa
M.B.B.S.
Regd. No. A 9486
Medical Officer, BSCIC
Chittagong, Bangladesh

Name: (typed or printed): **Dr. Md. Glom Mostafa M.B.B.S (C.U), B.C.S. (Health)**

I hereby authorize the release or all my previous medical records from any health professinals, health, institutions and public authorities to **Dr. Md. Golom Mostafa M.B, B.S. (C.U) B.C.S (Health)** (The approved medical practitloner) .

Signaturer of examinee : _____

Date (day/month/year) : _____

Witnessed by: (Signature) : _____

Dr. Mohd.G. Mostafa
M.B.B.S.
Regd. No. A 9486
Medical Officer, BSCIC
Chittagong, Bangladesh

Name : (Typed or printed) : **Dr. Md. Golom Mostafa M.B, B.S. (C.U) B.C.S (Health)**

Date and contact details for previous medical examination (if known) : _____

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	✓	✓	✓			
Near	✓	✓	✓			

Visual fields		
Eye	Normal	Defective
Right		
Left		

Color vision

	☐ Not tested	☑ Normal	☐ Doubtful	☐ Defective

Hearing

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

Speech and whisper test (meters)

Ear	Normal	Whisper
Right	✓	✓
Left	✓	✓

Clinical Findings

Height : 170 (cm) Weight : 55 (kg)

Pulse rate : 72 (/Minute) Rhythm: Regular

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

Urinalysis : Glucose : Nil Protein (Albumin) Nil Blood : Nil