



NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633
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REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER									
As per ISM / STCW code 1/9, ILO convention 147 and MLC 2006									
Part A – to be completed by the Seafarer who is responsible for answering each question accurately.									
Seafarer's Name in Full (BLOCK CAPITALS) A K M SAIFUL ISLAM								Sex: <input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
Date of Birth: day / month / year 30-12-1970			Place of Birth: LAKSHMIPUR			Nationality: BANGLADESHI			
Type of ID documents: SB No. / Passport No: EE6503539			Dept: <input checked="" type="checkbox"/> Deck / <input type="checkbox"/> Engine / <input type="checkbox"/> Catering / Others Rank: MASTER			Type of Ship:			
Home Address: 89 ALIF TOWER 10 MBHEATRAA. LT. G.			Routine and emergency duties: BOTH			Trading area: e.g. coastal / <input checked="" type="checkbox"/> worldwide WORLDWIDE			
Seafarer's Declarations (please tick) – Have you ever had any of the following conditions?									
	Yes	No		Yes	No		Yes	No	
1. Eye Vision Problem		<input checked="" type="checkbox"/>	13. Allergies		<input checked="" type="checkbox"/>	25. Depression		<input checked="" type="checkbox"/>	
2. High Blood Pressure		<input checked="" type="checkbox"/>	14. Severe Headaches		<input checked="" type="checkbox"/>	26. Attempted Suicide		<input checked="" type="checkbox"/>	
3. Heart Vascular Disease		<input checked="" type="checkbox"/>	15. Hernia		<input checked="" type="checkbox"/>	27. Loss of Memory		<input checked="" type="checkbox"/>	
4. Hear Surgery		<input checked="" type="checkbox"/>	16. Genital Disorder		<input checked="" type="checkbox"/>	28. Balance Problem		<input checked="" type="checkbox"/>	
5. Varicose Veins / Piles		<input checked="" type="checkbox"/>	17. pregnancy N/A			29. Infectious / Contagious Diseases		<input checked="" type="checkbox"/>	
6. Asthma / Bronchitis		<input checked="" type="checkbox"/>	18. Sleep Problem		<input checked="" type="checkbox"/>	30. Ear (Hearing, Tinnitus / Nose / Throat Problem		<input checked="" type="checkbox"/>	
7. Blood Disorder		<input checked="" type="checkbox"/>	19. Restricted Mobility		<input checked="" type="checkbox"/>	31. Do you smoke, use alcohol or drugs?		<input checked="" type="checkbox"/>	
8. Diabetes		<input checked="" type="checkbox"/>	20. Operation / Surgery		<input checked="" type="checkbox"/>	32. Back or Joint Problem		<input checked="" type="checkbox"/>	
9. Thyroid Problem		<input checked="" type="checkbox"/>	21. Epilepsy / Seizures		<input checked="" type="checkbox"/>	33. Amputation		<input checked="" type="checkbox"/>	
10. Digestive Disorder		<input checked="" type="checkbox"/>	22. Dizziness / Fainting		<input checked="" type="checkbox"/>	34. Fracture / Dislocations		<input checked="" type="checkbox"/>	
11. Kidney Problem		<input checked="" type="checkbox"/>	23. Loss of Consciousness		<input checked="" type="checkbox"/>	35. Chicken Pox / Chicken Pox Vaccine		<input checked="" type="checkbox"/>	
12. Skin Problem		<input checked="" type="checkbox"/>	24. Psychiatric Problems		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
If you answer "yes" to any of the above questions, please provide details:									
36. Have you ever been signed off as sick or repatriated from a ship?									
									<input checked="" type="checkbox"/>
37. Have you ever been hospitalized?									
									<input checked="" type="checkbox"/>
38. Have you ever declared unfit for sea duty?									
									<input checked="" type="checkbox"/>
39. Has your medical certificate ever been restricted or revoked?									
									<input checked="" type="checkbox"/>
40. Are you aware that you have any medical problems, diseases or illnesses?									
									<input checked="" type="checkbox"/>
41. Do you feel healthy and fit to perform the duties of your designated position / occupation?									
								<input checked="" type="checkbox"/>	
42. Are you allergic to any medication?									
									<input checked="" type="checkbox"/>
43. Are you using any non-prescription or prescription medication?									
									<input checked="" type="checkbox"/>
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.

Also, I hereby authorize the release of all my medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to relevant maritime agencies, examining/authorized physician, employer, manning agent.

Fit For Duty on Board Ship

12 JUL 2023

Date


Signature of Seafarer

Name and Signature of Witness

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

* - Please Strike out which is NOT APPLICABLE

VALID FOR TWO YEARS