



NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633
Tel: 65-6416 7500 Fax: 65-6416 9922

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) **MD SHAFIULLAH KHAN** Sex: **(MALE)** FEMALE

Date of Birth: **01-11-1968** Place of Birth: **JAMALPUR** Nationality: **BANGLADESHI**

Type of ID documents: **C071835** Dept/Deck/Engine/Catering/Others Rank: **MASTER** Type of Ship:

Home Address: **KHAN COTTAGE GREEN VIBOR RIA PAHALTOLI, BHATTAGRAM.** Routine and emergency duties: **BOTH** Trading area: e.g. coastal / **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		✓	13. Allergies		✓	25. Depression		✓
2. High Blood Pressure		✓	14. Severe Headaches		✓	26. Attempted Suicide		✓
3. Heart Vascular Disease		✓	15. Hernia		✓	27. Loss of Memory		✓
4. Hear Surgery		✓	16. Genital Disorder		✓	28. Balance Problem		✓
5. Varicose Veins / Piles*		✓	17. pregnancy N/A			29. Infectious / Contagious Diseases*		✓
6. Asthma / Bronchitis		✓	18. Sleep Problem		✓	30. Ear (Hearing, Tinnitus / Nose / Throat Problem		✓
7. Blood Disorder		✓	19. Restricted Mobility		✓	31. Do you smoke, use alcohol or drugs?		✓
8. Diabetes	✓		20. Operation / Surgery*		✓	32. Back or Joint Problem		✓
9. Thyroid Problem		✓	21. Epilepsy / Seizures*		✓	33. Amputation		✓
10. Digestive Disorder		✓	22. Dizziness / Fainting*		✓	34. Fracture / Dislocations*		✓
11. Kidney Problem		✓	23. Loss of Consciousness		✓	35. Chicken Pox / Chicken Pox Vaccine		✓
12. Skin Problem		✓	24. Psychiatric Problems		✓			✓

If you answer "yes" to any of the above questions, please provide details: **He has been suffering from Diabetes Mellitus and taking Insulin (Glycid) 1 tab daily**

36. Have you ever been signed off as sick or repatriated from a ship?		✓
37. Have you ever been hospitalized?		✓
38. Have you ever declared unfit for sea duty?		✓
39. Has your medical certificate ever been restricted or revoked?		✓
40. Are you aware that you have any medical problems, diseases or illnesses?		✓
41. Do you feel healthy and fit to perform the duties of your designated position / occupation?	✓	
42. Are you allergic to any medication?		✓
43. Are you using any non-prescription or prescription medication?	✓	

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

Two Glycid 5ml 1 tab daily

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.

09 JAN 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

09-2023-0026

VALID FOR TWO YEARS