



NYK SHIPMANAGEMENT PTE LTD

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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) MOHAMMED ABED IBRAHIM.		Sex: (MALE) / FEMALE	
Date of Birth: day / month / year 16-01-1979	Place of Birth: CHATTGRAM.	Nationality: BANGLADESHI	
Type of ID documents: EB0984690 SB No. / Passport No:	Dept/Deck/ Engine / Catering / Others Rank: MASTER.	Type of Ship: BULK CARRIER.	
Home Address: RANUS CHARANEER FLAT-6, FLOT-05, ROAD-05, NASIRABAD H/S. CHATTGRAM.	Routine and emergency duties: BOTH	Trading area: e.g. coastal / (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:

3. Have you ever been signed off as sick or repatriated from a ship?		✓
3LI. Have you ever been hospitalized?		✓
3. Have you ever declared unfit for sea duty?		✓
3. 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:

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.

24 AUG 2021

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

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