



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 BELAL UDDIN								Sex: <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
Date of Birth: day / month / year 01/01/1976		Place of Birth: CHATTOGRAM			Nationality: Bangladeshi				
Type of ID documents: 40/3503 SB No. / Passport No: EHO370237		Dept./Deck/Engine / Catering / Others Rank: MASTER			Type of Ship: CONTAINER				
Home Address: LAUKHAN BAZAR GPO-KHULSHI CHATTOGRAM		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		<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 NA		<input checked="" type="checkbox"/>	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"/>				
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.

VALID FOR TWO YEARS

Fit For Duty on Board Ship

27 OCT 2022

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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