

**Part B - Result of Medical Examinations**

**EYESIGHT:**  
Use of glasses or contact lenses  No  Yes Type Purpose

VISUAL ACUITY						VISUAL FIELDS		
Unaided			Aided			Right eye	Normal	Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distant	6/6	6/6	Distant			Left eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Near	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Near					

**COLOUR VISION (Please tick)**  
Type of Test (Please specify):  
 Not tested  Normal  Doubtful  Defective

**CLINICAL FINDINGS**  
Height (cm) 177cm Weight (kg) 86kg BMI 27.4  
Pulse rate (per minute) 76 Rhythm REGULAR  
Blood Pressure systolic (mm Hg) 130 Diastolic (mm Hg) 85  
Urinalysis: Glucose: NIL Protein: NIL Blood: NIL

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

**Speech and Whisper Test (metres)**  
Right ear  Normal  Whisper   
Left ear  Normal  Whisper

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinus, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth / teeth / oral cavity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Breast examination	N/A		G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/C, T/S, L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose Vein	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**CHEST X-RAY**  
 Not performed  Performed on (day/month/year): 06 APR 2026  
Results: NORMAL & CLEAR.

**TREADMILL TEST (45 YEARS OLD & ABOVE)**  
N/A

**Part C - Investigations**

Hepatitis B <sup>1</sup> HB (ab)  +ve  -ve HB (ag)  +ve  -ve

Bacteriological stool test <sup>2</sup>  not performed  negative  positive

Parasitological stool test <sup>3</sup>  not performed  negative  positive

ECG <sup>4</sup> NORMAL

<sup>1</sup> required by the Company for all crew from endemic areas  
<sup>2</sup> required by the Company for all food handlers  
<sup>3</sup> required by the Company for all food handlers from tropical climates  
<sup>4</sup> compulsory

Blood	Result	Normal
Hemoglobin	15.5 gms/dl	13.5 - 18.0 gms/dl
Total WBC count	8.450 cells / cu.mm	4000 - 10000 / cu.mm
ESR	12 mm	Up to 15mm
Blood Sugar (FBS) (R)	97.0 mg/dl	80 - 140 mg/dl
HIV <sup>2</sup> (+ve or -ve)	NEGATIVE	
VDRL	NON-REACTIVE	
Others	NORMAL	
Blood Group	-	

**Spirometry**  
 Normal  With Finding

**USG Abdomen**  
 Normal  With Finding

**Creatine Test**  
 Normal  With Finding

**Pregnancy Test**  
N/A  
 Normal  With Finding

**Kidney Test**  
 Normal  With Finding



**Assessment of Fitness for service at sea: (please tick)**  
On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty  Unfit for lookout duty  
 Visual aid required  Visual aid not required  
 Without restrictions  With restrictions

Deck Service	<input checked="" type="checkbox"/>	Engine Service	<input type="checkbox"/>	Catering Service	<input type="checkbox"/>	Other service	<input type="checkbox"/>
Fit	210						
Unfit							

**Fit For Duty on Board Ship**

Description of restrictions (e.g. specific position, type of ship, trading area etc.)  
**NO RESTRICTIONS**

**06 APR 2026** Date of Issue

**VALID FOR TWO YEARS**

Signature of Medical Practitioner: *DR. MD. Ayubur Rahman* (M.B.B.S., P.G.T (Medicine))  
Finlay House, Agrabad C/A, Chattogram, BMDC Reg No: A-11820  
AND APPROVED BY DG Shipping, Govt. of Bangladesh

Medical Certificate Number: 07-2026-0558

Official stamps: SABA DIAGNOSTIC CENTRE (As Per MLC-2006) and Department of Shipping, Government of Bangladesh (MLC-2006).



# NYK SHIPMANAGEMENT PTE LTD

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

Ver. 1.5

## SEAFARER MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer and meets both the requirements of the 2010 Manila amendments to the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name in Full <b>ABDULLAH IBNA MIZAN</b>		Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth: day/month/year <b>25-04-1993</b>	Nationality <b>BANGLADESHI</b>	Passport/NRIC No: <b>B00027792</b>

### Declaration of the recognized medical practitioner

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test: <b>06 APR 2026</b>		
6	Fit for look out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "no" specify limitations or restrictions <b>NO RESTRICTIONS</b>		
9	Date of examination: (day/month/year) <b>06 APR 2026</b>		

**VALID FOR TWO YEARS**

**06 APR 2026**

Date

Signature of Medical Practitioner  
**DR. MD. Ayubur Rahman**  
M.B.B.S. P.G.T (Medicine)  
Finlay House  
11 Agrabad C/A, Chattogram  
AND APPROVED BY  
DG Shipping  
Govt. of Bangladesh



Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and the right to a review.

Signature of Seafarer





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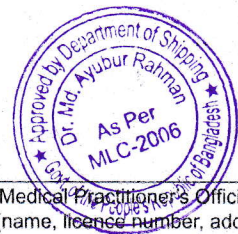
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