



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) ABU TAHER MOHAMMAD MUSHFIQ AHMAD.					Sex: <input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE
Date of Birth: 01-07-1978 day / month / year	Place of Birth: CHATTOGRAM		Nationality: BANGLADESHI		
Type of ID documents: B00603029 SB No. / Passport No: 4013377	Dept: <input checked="" type="checkbox"/> Deck / <input type="checkbox"/> Engine / <input type="checkbox"/> Catering / <input type="checkbox"/> Others Rank: CH. OFFICER.		Type of Ship:		
Home Address: DEY PAHAR CHOWK BAZAR. KOTOWALI CHATTOGRAM.		Routine and emergency duties: BOTH		Trading area: e.g. coastal / <input checked="" type="checkbox"/> worldwide	
Seafarer's Declarations (please tick) – Have you ever had any of the following conditions?					
	Yes	No		Yes	No
1. Eye Vision Problem		<input checked="" type="checkbox"/>	13. Allergies		<input checked="" type="checkbox"/>
2. High Blood Pressure		<input checked="" type="checkbox"/>	14. Severe Headaches		<input checked="" type="checkbox"/>
3. Heart Vascular Disease		<input checked="" type="checkbox"/>	15. Hernia		<input checked="" type="checkbox"/>
4. Hear Surgery		<input checked="" type="checkbox"/>	16. Genital Disorder		<input checked="" type="checkbox"/>
5. Varicose Veins / Piles*		<input checked="" type="checkbox"/>	17. pregnancy N/A		<input checked="" type="checkbox"/>
6. Asthma / Bronchitis		<input checked="" type="checkbox"/>	18. Sleep Problem		<input checked="" type="checkbox"/>
7. Blood Disorder		<input checked="" type="checkbox"/>	19. Restricted Mobility		<input checked="" type="checkbox"/>
8. Diabetes		<input checked="" type="checkbox"/>	20. Operation / Surgery*		<input checked="" type="checkbox"/>
9. Thyroid Problem		<input checked="" type="checkbox"/>	21. Epilepsy / Seizures*		<input checked="" type="checkbox"/>
10. Digestive Disorder		<input checked="" type="checkbox"/>	22. Dizziness / Fainting*		<input checked="" type="checkbox"/>
11. Kidney Problem		<input checked="" type="checkbox"/>	23. Loss of Consciousness		<input checked="" type="checkbox"/>
12. Skin Problem		<input checked="" type="checkbox"/>	24. Psychiatric Problems		<input checked="" type="checkbox"/>
			25. Depression		<input checked="" type="checkbox"/>
			26. Attempted Suicide		<input checked="" type="checkbox"/>
			27. Loss of Memory		<input checked="" type="checkbox"/>
			28. Balance Problem		<input checked="" type="checkbox"/>
			29. Infectious / Contagious Diseases*		<input checked="" type="checkbox"/>
			30. Ear (Hearing, Tinnitus / Nose / Throat Problem)		<input checked="" type="checkbox"/>
			31. Do you smoke, use alcohol or drugs?		<input checked="" type="checkbox"/>
			32. Back or Joint Problem		<input checked="" type="checkbox"/>
			33. Amputation		<input checked="" type="checkbox"/>
			34. Fracture / Dislocations*		<input checked="" type="checkbox"/>
			35. Chicken Pox / Chicken Pox Vaccine*		<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

VALID FOR TWO YEARS

28 AUG 2025

Date

Mushfiq Ahmad

Signature of Seafarer

DR. MD. Ayubur Rahman

Name and Signature of Witness

DR. MD. Ayubur Rahman
M.B.B.S., P.G.T (Medicine)
Chairman

Part B – Result of Medical Examinations

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

VISUAL ACUITY						VISUAL FIELDS		
Unaided			Unaided			Normal		Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	<input checked="" type="checkbox"/>	
Distant <u>6/6</u>	<u>6/6</u>	<u>6/6</u>	Distant			Left eye	<input checked="" type="checkbox"/>	
Near <input checked="" type="checkbox"/>	<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)	<u>182</u>	Weight (kg)	<u>96 kg</u>	BMI	<u>29.0</u>
Pulse rate (per minute)	<u>100</u>	Rhythm	<u>REGULAR</u>		
Blood Pressure systolic (mm Hg)	<u>146</u>	Diastolic (mm Hg)	<u>90</u>		
Urinalysis: Glucose:	<u>NIL</u>		Protein:	<u>NIL</u>	
			Blood:	<u>NIL</u>	

HEARING

Pure tone and audiometry (threshold values in dB)					Speech and Whisper Test (metres)		
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Normal		Whisper
Right ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Left ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Left ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

CHEST X-RAY
 Not performed. Performed on (day/month/year): 28 AUG 2025
Results: NORMAL & CLEAR.

TREADMILL TEST (45 YEARS OLD & ABOVE)
NORMAL & NEGATIVE.

Part C – Investigations

Hepatitis B ¹ HB (ab) +ve -ve HB (ag) +ve -ve

Bacteriological stool test ² not performed negative positive

Parasitological stool test ³ not performed negative positive

ECG ⁴ NORMAL

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

Blood	Result	Normal
Hemoglobin	<u>149</u> gms/dl	13.5 – 18.0 gms/dl
Total WBC count	<u>9,200</u> cells / cu.mm	4000 – 10000 / cu.mm
ESR	<u>12</u> mm	Up to 15mm
Blood Sugar (FBS) <u>(B)</u>	<u>120.0</u> mg/dl	80 – 140 mg/dl
HIV ² (+ve or -ve)	<u>NEGATIVE.</u>	
VDRL	<u>NON-REACTIVE.</u>	
Others	<u>NORMAL</u>	
Blood Group	<u>-</u>	

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	<input checked="" type="checkbox"/>	<u>CH. OFFICER</u>					
Unfit	<input type="checkbox"/>						

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

Fit For Duty on Board Ship

28 AUG 2025

Date of Issue

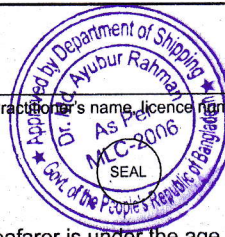
[Signature]

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
M.B.B.S., P.G.T (Medicine)
Taher Chamber,
10 Medical Certificate Number

Chittagong
BMDC Reg. No. A-11820
AND APPROVED BY

Medical Practitioner's name, licence number, address



VALID FOR TWO YEARS

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18 or sailing on a vessel in which case the maximum validity shall be one year.



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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 Inter national Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name in Full <u>ABU TAHER MOHAMMAD MUSHFIQ AHMAD</u>		Sex: <input checked="" type="radio"/> Male / Female
Date of Birth: day/month/year <u>01-07-1978</u>	Nationality <u>BANGLADESHI</u>	Passport/NRIC No: <u>B00603029</u>

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-1/9?	<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-1/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-1/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test: <u>2 8 AUG 2025</u>		
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 NO RESTRICTIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Date of examination: (day/month/year) <u>2 8 AUG 2025</u>		

Fit For Duty on Board Ship

VALID FOR TWO YEARS

2 8 AUG 2025

Date

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
M.B.B.S., F.G.T (Med'cine)
Taher Chamber,

10, Avenue Road, Singapore
255015, No. 2014829
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.

✓ Muhammad Ahmad

Signature of Seafarer

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18 or sailing on a Japanese Flag vessel, in which case the maximum period of validity shall be one year.