



# 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) <b>KAMRUL HOSSAIN</b>		Sex: <b>(M) MALE / FEMALE</b>
Date of Birth: <b>22-10-1988</b> day / month / year	Place of Birth: <b>CHATTOGRAM</b>	Nationality: <b>BANGLADESHI</b>
Type of ID documents: <b>40/5436</b> SB No. / Passport No: <b>300096415</b>	Dept: <b>(Deck)</b> Engine / Catering / Others Rank:	Type of Ship:
Home Address: <b>H-9, BLOUR-I ARTILLERY ROAD, HALISHAHAR, CHATTOGRAM.</b>	Routine and emergency duties: <b>BOTH</b>	Trading area: e.g. coastal / <b>(Worldwide)</b>

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 <b>N/A</b>			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"/>			<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.

**VALID FOR TWO YEARS**

**Fit For Duty on Board Ship**

**NO RESTRICTIONS**

02 SEP 2025

*[Signature]*



*[Signature]*

Name and Signature of Witness

**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 6/6	6/6	6/6	Distant			Left eye	<input checked="" type="checkbox"/>	
Near			Near					

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

**CLINICAL FINDINGS**

Height (cm)	172	Weight (kg)	89	BMI	30.1
Pulse rate (per minute)	72	Rhythm	REGULAR		
Blood Pressure systolic (mm Hg)	130	Diastolic (mm Hg)	90		
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	Speech and Whisper Test (metres)		
Right ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right ear	Normal	Whisper
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	N/A		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): 02 SEP 2025  
Results: NORMAL & CLEAR.

**TREADMILL TEST (45 YEARS OLD & ABOVE)**  
NORMAL

**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	14.7% gms/dl	13.5 – 18.0 gms/dl
Total WBC count	9,000 cells / cu.mm	4000 – 10000 / cu.mm
ESR	13 mm	Up to 15mm
Blood Sugar (FBS) R	120 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**  
 Normal  With Finding

**Kidney Test**  
 Normal  With Finding



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BMDC Reg. No. A-11820  
APPROVED BY

**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 lookout duty  Unfit for lookout duty  
 Visual aid required  Visual aid not required  
 Without restrictions  With restrictions

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

**Fit For Duty on Board Ship**

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

**NO RESTRICTIONS**

02 SEP 2025  
Date of Issue

*[Signature]*  
Signature of Medical Practitioner

Medical Practitioner's name, licence number and address

DR. MD. Ayubur Rahman  
M.B.B.S., P.G.T (Medicine)  
Taher Chamber,  
10, Agrabad C/A, Chittagong  
BMDC Reg. No. A-11820  
APPROVED BY



**VALID FOR TWO YEARS**

07-2025-1209  
Medical Certificate Number

