



# 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								
<b>Part A</b> – to be completed by the Seafarer who is responsible for answering each question accurately.								
Seafarer's Name in Full (BLOCK CAPITALS) <b>MD ARFAN UDDIN CHOUDHURY</b>					Sex: <b>MALE</b> FEMALE			
Date of Birth: <b>15-11-1989</b> day / month / year	Place of Birth: <b>CHATTOGRAM</b>		Nationality: <b>BANGLADESHI</b>					
Type of ID documents: <b>4/0/5855</b> SB No. / Passport No: <b>B00059887</b>	Dept: <input checked="" type="checkbox"/> Deck / <input type="checkbox"/> Engine / <input type="checkbox"/> Catering / Others Rank: <b>CH.OFFICER</b>		Type of Ship:					
Home Address: <b>MOHORA CHANDRAN. 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.

**Fit For Duty on Board Ship**

**NO RESTRICTIONS**

**VALID FOR TWO YEARS**

**02 SEP 2025**

*Arfan*



**DR. MD. Ayubur Rahman**

**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 <b>6/6</b>	<b>6/6</b>	<b>6/6</b>	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) **181** Weight (kg) **87** BMI **26.6**  
Pulse rate (per minute) **89** Rhythm **REGULAR**  
Blood Pressure systolic (mm Hg) **125** Diastolic (mm Hg) **85**  
Urinalysis: Glucose: **N/C** Protein: **N/C** Blood: **N/C**

**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)**  
Normal Whisper  
Right ear    
Left ear

	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 <b>N/A</b>			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)**  
**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	<b>14.8%</b> gms/dl	13.5 – 18.0 gms/dl
Total WBC count	<b>8,500</b> cells / cu.mm	4000 – 10000 / cu.mm
ESR	<b>10</b> mm	Up to 15mm
Blood Sugar (FBS) <b>R</b>	<b>116.0</b> mg/dl	80 – 140 mg/dl
HIV <sup>2</sup> (+ve or -ve)	<b>NEGATIVE</b>	
VDRL	<b>NON-REACTIVE</b>	
Others	<b>NORMAL</b>	
Blood Group	<b>-</b>	

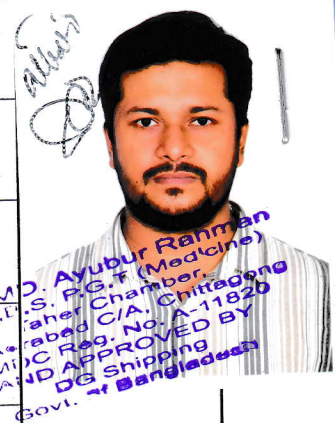
**Spirometry**  
 Normal  With Finding

**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 <b>CH-OFFICER</b>			
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 of Medical Practitioner: **DR. MD. Ayubur Rahman**  
M.B.B.S., P.G.T (Medicine)  
Taher Chamber,  
10, Agrabad C/A, Chittagong  
BMDC Reg. No. A-11820  
AND APPROVED BY



**VALID FOR TWO YEARS**

**07-2025-1211**



# NYK SHIPMANAGEMENT PTE LTD

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Tel: 65-6416 7500 Fax: 65-6416 9922

## 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>MD ARFAN UDDIN CHOWDHURY.</b>		Sex: <input checked="" type="radio"/> Male / <input type="radio"/> Female
Date of Birth: day/month/year <b>15-11-1989</b>	Nationality <b>BANGLADESHI</b>	Passport/NRIC No: <b>B00059987.</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>02 SEP 2025</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>02 SEP 2025</b>		

**VALID FOR TWO YEARS**

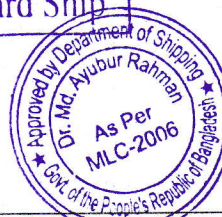
**Fit For Duty on Board Ship**

**02 SEP 2025**

Date

Signature of Medical Practitioner

**DR. MD. Ayubur Rahman**  
M.B.B.S., P.G.T (Medicine)  
Taher Chamber,  
10, Apollo & Co. Ship,  
BMDR Reg. No. X-11820  
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