



NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633
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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) MD SAIFUL ISLAM					Sex: MALE / FEMALE
Date of Birth: day / month / year 20-12-1987	Place of Birth: FENI		Nationality: BANGLADESHI		
Type of ID documents: A00351859 SB No. / Passport No:	Dept: Deck / Engine / Catering / Others Rank: ETO		Type of Ship: TANKER		
Home Address: LEMUA, LEMUA BAZAR, RENU SADAR, FENI.		Routine and emergency duties: BOTH		Trading area: e.g. coastal / worldwide	
Seafarer's Declarations (please tick) – Have you ever had any of the following conditions?					
	Yes	No		Yes	No
1. Eye Vision Problem		✓	13. Allergies		✓
2. High Blood Pressure		✓	14. Severe Headaches		✓
3. Heart Vascular Disease		✓	15. Hernia		✓
4. Hear Surgery		✓	16. Genital Disorder		✓
5. Varicose Veins / Piles*		✓	17. pregnancy N/A		✓
6. Asthma / Bronchitis		✓	18. Sleep Problem		✓
7. Blood Disorder		✓	19. Restricted Mobility		✓
8. Diabetes		✓	20. Operation / Surgery*		✓
9. Thyroid Problem		✓	21. Epilepsy / Seizures*		✓
10. Digestive Disorder		✓	22. Dizziness / Fainting*		✓
11. Kidney Problem		✓	23. Loss of Consciousness		✓
12. Skin Problem		✓	24. Psychiatric Problems		✓
			25. Depression		✓
			26. Attempted Suicide		✓
			27. Loss of Memory		✓
			28. Balance Problem		✓
			29. Infectious / Contagious Diseases*		✓
			30. Ear (Hearing, Tinnitus / Nose / Throat Problem)		✓
			31. Do you smoke, use alcohol or drugs?		✓
			32. Back or Joint Problem		✓
			33. Amputation		✓
			34. Fracture / Dislocations*		✓
			35. Chicken Pox / Chicken Pox Vaccine*		✓
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?					✓
37. Have you ever been hospitalized?					✓
38. Have you ever declared unfit for sea duty?					✓
39. 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.

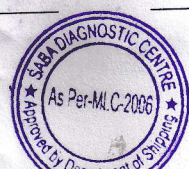
Also, I hereby authorize the release of all my medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to relevant maritime agencies, examining/authorized physician, employer, manning agent.

VALID FOR TWO YEARS

30 JUN 2024

Date

[Signature]
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
BMDC Reg. No. A-11820
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

* - Please Strike out which is NOT APPLICABLE