



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) KHAN MD SHAFIULLAH					Sex: MALE / FEMALE
Date of Birth: 01-11-1968 day / month / year	Place of Birth: JAMALPUR.		Nationality: BANGLADESHI		
Type of ID documents: C/O/1835 SB No. / Passport No: A06024164	Dept: <input checked="" type="checkbox"/> Deck / <input checked="" type="checkbox"/> Engine / <input type="checkbox"/> Catering / <input type="checkbox"/> Others Rank: MASTER.		Type of Ship:		
Home Address: KHAN COTTAGE, H-15/B, R-01, GREEN VIEWRIA, DAHARJOLI.		Routine and emergency duties: BOTH		Trading area: e.g. coastal / worldwide WORLD WIDE.	
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			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 NIA.		<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: with Hypertension. He has been suffering from Diabetes mellitus					
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: Tab Telmisartan 40mg - 1 tab daily + Tab bisoprolol 5mg - 1 tab daily for Hypertension. Tab METFORMIN 1000mg - 1 tab daily for Diabetes mellitus Tab Rosuvastatin 20mg - 1 tab daily for Hyperlipidemia.					

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

25 NOV 2025

Date

[Signature]

Signature of Seafarer

DR. MD. Ayubur Rahman

[Signature]

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			Aided			Right eye	Normal	Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	<input checked="" type="checkbox"/>	
Distant 6/9	6/9	6/9	Distant 6/6	6/6	6/6	Left eye	<input checked="" type="checkbox"/>	
Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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

CLINICAL FINDINGS
Height (cm) 164 Weight (kg) 68 BMI 25.3
Pulse rate (per minute) 84 Rhythm REGULAR
Blood Pressure systolic (mm Hg) 140 Diastolic (mm Hg) 90
Urinalysis: Glucose: NIL Protein: NIL Blood: NL

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	Right ear	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 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): 25 NOV 2025
Results: NORMAL & CLEAR

TREADMILL TEST (45 YEARS OLD & ABOVE)

Part C - Investigations

Hepatitis B¹ HB (ab) +ve -ve HB (ag) +ve -ve
Bacteriological stool test² not performed negative positive
Parasitological stool test³ not performed negative positive
ECG⁴ 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	14.7 gms/dl	13.5 - 18.0 gms/dl
Total WBC count	9200 cells / cu.mm	4000 - 10000 / cu.mm
ESR	12 mm	Up to 15mm
Blood Sugar (FBS) R	158.0 mg/dl	80 - 140 mg/dl
HIV ² (+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	Catering Service	Other service
Fit	MASTER			
Unfit				

Fit For Duty on Board Ship

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

VALID FOR TWO YEARS

25 NOV 2025

[Signature]

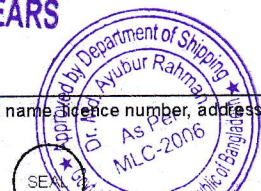


07-2025-1698

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
M.B.B.S. P.G.T (Medicine)
Finlay House
11, Agrabad C/A, Chattogram
1900

Medical Practitioner's name and licence number, address





NYK SHIPMANAGEMENT PTE LTD

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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 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 KHAN MD SHAFIULLAH		Sex: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Date of Birth: day/month/year 01-11-1968	Nationality BANGLADESHI	Passport/NRIC No: A06024164

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: 25 NOV 2025		
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		
9	Date of examination: (day/month/year) 25 NOV 2025		

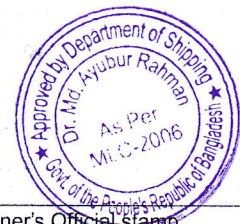
VALID FOR TWO YEARS

25 NOV 2025

Date

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
 M.B.B.S. P.G.T (Medicine)
 Finlay House
 Agrabad C/A, Chattogram
 BMD Reg No: A-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