



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) MOHAMMAD MAHBUBHASAN			Sex: (MALE) / FEMALE		
Date of Birth: 15-11-1977	Place of Birth: CUMILLA	Nationality: BANGLADESHI			
Type of ID documents: E/O/19386	Dept: Deck / (ENGINE) / Catering / Others Rank: ETO	Type of Ship:			
SB No. / Passport No: 402744275	Routine and emergency duties: BOTH	Trading area: e.g. coastal / (Worldwide)			
Home Address: BALINA GRAHAMANARA CUMILLA					
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 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:					
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.

Fit For Duty on Board Ship

VALID FOR TWO YEARS



Part B - Result of Medical Examinations

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

VISUAL ACUITY						VISUAL FIELDS	
Unaided			Aided			Normal	Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	Left eye
Distant 6/6	6/6	6/6	Distant			✓	✓
Near			Near				

COLOUR VISION (Please tick) Type of Test (Please specify): _____

Not tested Normal Doubtful Defective

CLINICAL FINDINGS			
Height (cm)	173	Weight (kg)	82
BMI	27.4	Pulse rate (per minute)	76
Rhythm	REGULAR	Blood Pressure systolic (mm Hg)	140
Diastolic (mm Hg)	90	Urinalysis: Glucose:	NCL
Protein:	NCL	Blood:	NCL

HEARING					Speech and Whisper Test (metres)		
Pure tone and audiometry (threshold values in dB)					Normal	Whisper	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Right ear	Left ear	
Right ear	✓	✓	✓	✓	✓	✓	
Left ear	✓	✓	✓	✓	✓	✓	

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

CHEST X-RAY Not performed Performed on (day/month/year): **11.1 OCT 2025**

Results: **NORMAL & CLEAR**

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

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 ¹	8,600 cells / cu.mm	4000 - 10000 / cu.mm
ESR	16 mm	Up to 15mm
Blood Sugar (FBS) R	120.0 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 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	Engine Service	Catering Service	Other service
Fit		✓ ETO		
Unfit				

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

NO RESTRICTIONS

11 OCT 2025 Date of Issue

VALID FOR TWO YEARS

Signature of Medical Practitioner: **DR. MD. Ayubur Rahman**
M.B.B.S., P.G.T. (Medicine)
Taher Chamber, Agrabad C/A, Chittagong
BMD Reg. No. A-11820
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

Medical Certificate Number: **07-2025-1419**

Seal: **Department of Shipping, Bangladesh**



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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 MOHAMMAD MAHBUB HASAN		Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth: day/month/year 15-11-1977	Nationality BANGLADESHI	Passport/NRIC No: A0274275

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: 11 OCT 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) 11 OCT 2025		

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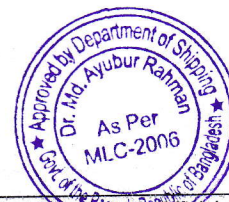
NO RESTRICTIONS

11 OCT 2025

Date

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
M.B.B.S., P.G.T (Medicine)
Taher Chamber,
10/A, Tejgaon, Dhaka-1100
BMDC 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