



# 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>MOHAMMAD MONIRUZZAMAN</b>					Sex: <input checked="" type="checkbox"/> MALE / FEMALE
Date of Birth: day / month / year <b>15-02-1973</b>	Place of Birth: <b>CHATTOGRAM</b>		Nationality: <b>BANGLADESHI</b>		
Type of ID documents: SB No. / Passport No: <b>C10/2226 / A12296535</b>	Dept: Deck / Engine / Catering / Others Rank: <b>2ND. ENGR</b>		Type of Ship:		
Home Address: <b>HOUSE - 28, 2ND FLOOR, ROAD - 3/E SECTOR - 9, UTTARA - 1230, DHAKA.</b>		Routine and emergency duties: <b>BOTH</b>		Trading area: e.g. coastal / worldwide <b>WORLDWIDE</b>	
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 <b>N/A</b>		<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			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: <b>He has been suffering from Hypertension</b>					
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: <b>TAB LISINAPRIL - 5/40 - 1 tab daily for Hypertension</b>					

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**

**15 DEC 2024**

Date

Signature of Seafarer

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			Aided			Normal	Defective
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	Left eye
Distant 6/12	6/12	6/12	6/6	6/6	6/6	✓	✓
Near ✓	✓	✓	✓	✓	✓		

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

**CLINICAL FINDINGS**  
Height (cm) 178 Weight (kg) 98 BMI 31.0  
Pulse rate (per minute) 84 Rhythm REGULAR  
Blood Pressure systolic (mm Hg) 140 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  
Right ear ✓ ✓ ✓ ✓  
Left ear ✓ ✓ ✓ ✓

Speech and Whisper Test (metres)  
Normal Whisper  
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): 15 DEC 2024  
Results: NORMAL & CLEAR.

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

**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	14.92 gms/dl	13.5 - 18.0 gms/dl
Total WBC count	8.700 cells / cu.mm	4000 - 10000 / cu.mm
ESR	15 mm	Up to 15mm
Blood Sugar (FBS)	112.0 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**  
N/A  
 Normal  With Finding

**Kidney Test**  
 Normal  With Finding



DR. MD. Ayubur Rahman  
M.B.B.S. (Medicine)  
10, Agrabad C/A, Chittagong  
BMDC Reg. No. A-11820  
Govt. of Bangladesh

**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		2/E		
Unfit				

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

**NO RESTRICTIONS**

**VALID FOR TWO YEARS**

**Fit For Duty on Board Ship**

Date of Issue: 15 DEC 2024  
Signature of Medical Practitioner: [Signature]  
Medical Practitioner's name, licence number, 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 AND APPROVED BY [Seal]

07-2024 1710

This medical certificate shall remain valid for a maximum period of 2 years unless the seafarer is under the age of 18 years.



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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 <b>MOHAMMAD MONIRUZZAMAN</b>		Sex: <input checked="" type="radio"/> Male / <input type="radio"/> Female
Date of Birth: day/month/year <b>15-02-1973</b>	Nationality <b>BANGLADESHI</b>	Passport/NRIC No: <b>A12296535</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>15 DEC 2024</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>15 DEC 2024</b>		

**VALID FOR TWO YEARS**

**Fit For Duty on Board Ship**

**15 DEC 2024**

Date

Signature of Medical Practitioner

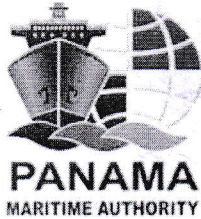
**DR. MD. Ayubur Rahman**  
M.B.B.S. P.G.T (Medicine)  
Taher Chamber,  
Chittagong  
BMDG Reg. No. 10000000000000000000  
AND APPROVED BY  
DG Shipping  
Govt. of Bangladesh



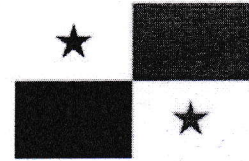
Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and the right to a review.

Signature of Seafarer



**REPÚBLICA DE PANAMÁ**  
 Republic of Panama  
**AUTORIDAD MARÍTIMA DE PANAMÁ**  
 Panama Maritime Authority  
**CERTIFICADO MÉDICO DE LA GENTE DE MAR**  
 Medical Fitness Standards Certificate for Seafarers



No. Certificado: **07-2024 1710**  
 Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla 1/9 del convenio STCW, 1978, enmendado y la norma A-1/2 del CTM, 2006, enmendado y certifica que la gente de mar es apta para el servicio en el mar.  
 This certificate is issued in accordance with the provisions of the regulation 1/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: Surname <b>MONIRUZZAMAN</b>	Nombre: Given Name (s) <b>MOHAMMAD</b>	Cédula / Pasaporte No.: Id. Number/ Passport No. <b>A 12296535</b>
Fecha de Nacimiento: Date of Birth Día / Mes / Año Day / Month / Year <b>15 / 02 / 1973</b>	Nacionalidad: Nationality <b>BANGLADESHI</b>	Sexo: Gender <input checked="" type="checkbox"/> Masculino Male <input type="checkbox"/> Femenino Female

	Sí / Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? <i>Confirmation that identification documents were checked at the point of examination?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
¿La audición cumple con el estándar? <i>Hearing meets the standards?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
¿La audición es satisfactoria sin ayuda? <i>Unaided hearing satisfactory?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
¿La agudeza visual cumple con el estándar? <i>Visual acuity meets standards?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
¿La visión cromática cumple con el estándar? <i>Color vision meets standards?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecha de la última prueba de visión cromática (Día/Mes/Año) <i>Date of the last color vision test (Day/Month/Year)</i>	<b>15 DEC 2024</b>	
¿Apto para cometidos de vigia? <i>Fit for look out duties?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones. <i>Limitations or restrictions on fitness? If "Yes", specify limitations or restrictions.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? <i>Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person(s) on board?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Confirmando que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-1/9.  
*I hereby confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-1/9.*

Fecha de emisión: Date of issue	<b>15 DEC 2024</b>	Firma y sello del médico reconocido / Signature and stamp of the recognized medical practitioner  <b>DR. MD. Ayubur Rahman</b> M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg. No. A-11820 <b>AND APPROVED BY</b> DG Shipping Govt. of Bangladesh
Fecha de expiración: Date of expiry:	<b>14 DEC 2026</b>	
Nombre del médico reconocido: Name of the recognized medical practitioner:		



1. El original de este certificado deberá estar disponible durante el servicio a bordo.  
 The original of this certificate must be available while serving on board ship.  
 2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y la Autoridad Marítima.  
 In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority.  
 3. La Autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.  
 The authenticity of this certificate can be verified contacting the Panama Maritime Authority.