



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) MOHAMMED BELAL UDDIN.						Sex: <u>MALE</u> / FEMALE		
Date of Birth: 01-01-1976		Place of Birth: CHATTOGRAM,		Nationality: BANGLADESHI				
Type of ID documents: C/O 3503 SB No. / Passport No: A16942303		Dept/Deck/ Engine / Catering / Others Rank: MASTER.		Type of Ship:				
Home Address: LALKHAN BAZAR GPO, KHULSHI, CHATTOGRAM.		Routine and emergency duties: BOTH		Trading area: e.g. coastal / <u>worldwide</u>				
Seafarer's Declarations (please tick) – Have you ever had any of the following conditions?								
	Yes	No		Yes	No		Yes	No
1. Eye Vision Problem		✓	13. Allergies		✓	25. Depression		✓
2. High Blood Pressure		✓	14. Severe Headaches		✓	26. Attempted Suicide		✓
3. Heart Vascular Disease		✓	15. Hernia		✓	27. Loss of Memory		✓
4. Hear Surgery		✓	16. Genital Disorder		✓	28. Balance Problem		✓
5. Varicose Veins / Piles		✓	17. pregnancy N/A.			29. Infectious / Contagious Diseases		✓
6. Asthma / Bronchitis		✓	18. Sleep Problem		✓	30. Ear (Hearing, Tinnitus / Nose / Throat Problem		✓
7. Blood Disorder		✓	19. Restricted Mobility		✓	31. Do you smoke, use alcohol or drugs?		✓
8. Diabetes		✓	20. Operation / Surgery		✓	32. Back or Joint Problem		✓
9. Thyroid Problem		✓	21. Epilepsy / Seizures		✓	33. Amputation		✓
10. Digestive Disorder		✓	22. Dizziness / Fainting		✓	34. Fracture / Dislocations		✓
11. Kidney Problem		✓	23. Loss of Consciousness		✓	35. Chicken Pox / Chicken Pox Vaccine		✓
12. Skin Problem		✓	24. Psychiatric Problems		✓			✓
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

15 JUN 2025



[Signature]

[Signature]

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 6/6	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)	173cm	Weight (kg)	80kg	BMI	26.7
Pulse rate (per minute)	100	Rhythm	REGULAR		
Blood Pressure systolic (mm Hg)	140	Diastolic (mm Hg)	85		
Urinalysis: Glucose:	NIL		Protein:	NIL	
Blood:	NIL				

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	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	✓		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 JUN 2025**
Results: **NORMAL & CLEAR**

TREADMILL TEST (45 YEARS OLD & ABOVE)
NEGATIVE

Part C - Investigations

Hepatitis B ¹	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input type="checkbox"/> -ve	Spirometry
Bacteriological stool test ²	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
Parasitological stool test ³	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive		USG Abdomen
ECG ⁴	NORMAL		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding

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	15.1 gms/dl	13.5 - 18.0 gms/dl	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
Total WBC count	7.800 cells / cu.mm	4000 - 10000 / cu.mm	Pregnancy Test
ESR	08 mm	Up to 15mm	<input type="checkbox"/> Normal <input type="checkbox"/> With Finding
Blood Sugar (FBS) (R)	123.0 mg/dl	80 - 140 mg/dl	Kidney Test
HIV ² (+ve or -ve)	NEGATIVE		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
VDRL	NON-REACTIVE		
Others	NORMAL		
Blood Group			

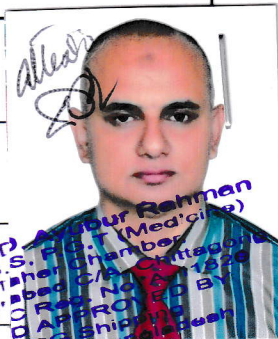
Assessment of Fitness for service at sea: (please tick)
On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

<input checked="" type="checkbox"/> Fit for look out duty	<input type="checkbox"/> Unfit for lookout duty
<input type="checkbox"/> Visual aid required	<input checked="" type="checkbox"/> Visual aid not required
<input checked="" type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions

Deck Service 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

15 JUN 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
DG Shipping



VALID FOR TWO YEARS

07-2025-0787
Medical Certificate Number



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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 MOHAMMED BELAL UDDIN		Sex: <input checked="" type="radio"/> Male / Female
Date of Birth: day/month/year 01-01-1976	Nationality BANGLADESHI	Passport/NRIC No: A169 42303


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: 15 JUN 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Date of examination: (day/month/year) 15 JUN 2025		

Fit For Duty on Board Ship


VALID FOR TWO YEARS

15 JUN 2025
Date


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
DG Shipping
Govt. of Bangladesh



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


Signature of Seafarer