



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: MALE / FEMALE
Date of Birth: day / month / year 01-01-1976	Place of Birth: CHATTOGRAM		Nationality: BANGLADESHI		
Type of ID documents: C/O/3503 SB No. / Passport No: A16942303	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: H-4/A, 273/297 SHAMSICOLONY, LALBAHAN, DAKA-1215, GPO, CTG RD, KHULSHI, CTG.		Routine and emergency duties: BOTH		Trading area: e.g. coastal / worldwide WORLDWIDE	
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 N/A		<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?					
					<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:					

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.

NO RESTRICTIONS

VALID FOR TWO YEARS

Fit For Duty on Board Ship

03 FEB 2026

Date



Signature of Seafarer

DR. MD. Ayub Rahman
M.B.B.S., F.C.P. (Medicine)
Name and Signature of Witness

Part B - Result of Medical Examinations

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

VISUAL ACUITY

Unaided			Aided			VISUAL FIELDS	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	Defective
Distant <i>206</i>	<i>206</i>	<i>206</i>	Distant			Left eye	✓
Near ✓	✓	✓	Near				

COLOUR VISION (Please tick) **NORMAL**

Type of Test (Please specify):

Not tested Normal Doubtful Defective

CLINICAL FINDINGS

Height (cm)	<i>173</i>	Weight (kg)	<i>80</i>	BMI	<i>26.7</i>
Pulse rate (per minute)	<i>90</i>	Rhythm	<i>REGULAR</i>		
Blood Pressure systolic (mm Hg)	<i>190</i>	Diastolic (mm Hg)	<i>90</i>		
Urinalysis: Glucose:	<i>NIL</i>	Protein:	<i>NIL</i>	Blood:	<i>NIL</i>

HEARING

Pure tone and audiometry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Speech and Whisper Test (metres)	
					Normal	Whisper
Right ear	✓	✓	✓	✓	Right ear	✓
Left 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 <i>N/A</i>			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 **03 FEB 2026**

Not performed Performed on (day/month/year):

Results: *NORMAL & CLEAR.*

TREADMILL TEST (45 YEARS OLD & ABOVE)

NEGATIVE.

Part C - Investigations

Hepatitis B ¹ HB (ab) +ve -ve HB (ag) +ve -ve

Bacteriological stool test ² not performed negative positive

Parasitological stool test ³ not performed negative positive

ECG ⁴ **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	<i>15.3</i> gms/dl	13.5 - 18.0 gms/dl
Total WBC count	<i>8.700</i> cells / cu.mm	4000 - 10000 / cu.mm
ESR	<i>10</i> mm	Up to 15mm
Blood Sugar (FBS) <i>F</i>	<i>112.0</i> mg/dl	80 - 140 mg/dl
HIV ² (+ve or -ve)	<i>NEGATIVE.</i>	
VDRL	<i>NON-REACTIVE</i>	
Others	<i>NORMAL</i>	
Blood Group	<i>N/A.</i>	

Spirometry

Normal With Finding

USG Abdomen

Normal With Finding

Creatine Test

Normal With Finding

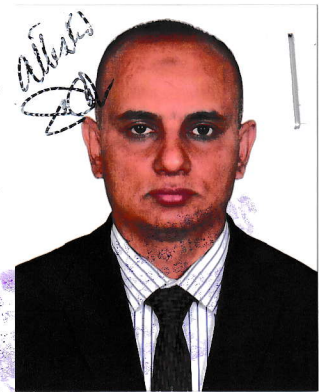
Pregnancy Test

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	✓	Engine Service		Catering Service		Other service	
Fit	<i>MASTER</i>						
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**

03 FEB 2026

Date of Issue

[Signature]

Signature of Medical Practitioner

Medical Practitioner's name, licence number, address

07-2026-0234

Medical Certificate Number

Department of Shipping, Ayubur Rahman, As Per M.C. 2016 SEAL, Govt. of the People's Republic of 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 MOHAMMED BECAL UODIN		Sex: <input checked="" type="radio"/> Male / Female
Date of Birth: day/month/year 01-01-1976	Nationality BANGLADESHI	Passport/NRIC No: A16942303

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: 03 FEB 2026		
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) 03 FEB 2026		

VALID FOR TWO YEARS

03 FEB 2026

Date

DR. MD. Ayubur Rahman
 M.B.B.S. (Medicine)
 Primary House
 11, Agrabad C/A, Chattogram
 BMDC Reg No: A-11820
 AND APPROVED BY
 DG Shipping
 Govt of Bangladesh

Signature of Medical Practitioner



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