Ver. 1.5

NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633
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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 JAHANGIR ALAM.		Sex: (MALE) / FEMALE
Date of Birth: day / month / year: 20-01-1978	Place of Birth: CHATTOGRAM.	Nationality: BANGLADESHI
Type of ID documents: SB No. / Passport No: A07899611	Dept: Deck / Engine / Catering / Others Rank: MASTER	Type of Ship:
Home Address: NASIRABAD. POLICE LINE, PANCHLISH. CHATTOGRAM.	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		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. Epilesy / 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 pub lic authorities to relevant maritime agencies, examining/authorized physician, employer, manning agent.

Fit For Duty on Board Ship

11 MAY 2024
Date

Signature of Seafarer

Name and Signature of Witness

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

SABA DIAGNOSTIC CENTRE ★ Approved Department of Shipping ★ As Per MLC 2006

Please Strike out which is NOT APPLICABLE

VALID FOR TWO YEARS

07-2024 0642