



# 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>MOHAMMED JAHANGIR ALAM</b>					Sex: <input checked="" type="checkbox"/> MALE / FEMALE			
Date of Birth: day / month / year <b>20-01-1978</b>		Place of Birth: <b>CHATTOGRAM</b>		Nationality: <b>BANGLADESHI</b>				
Type of ID documents: SB No. / Passport No: <b>CPDP 4512 / A 07897611</b>		Dept/Deck/Engine/Catering/Others Rank: <b>MASTER</b>		Type of Ship: <b>TANKER</b>				
Home Address: <b>NASIRABAD, ADITECNIC, PANEMULICH, CHATTOGRAM</b>		Routine and emergency duties: <b>BOTH</b>		Trading area: e.g. coastal / <input checked="" type="checkbox"/> worldwide <b>WORLDWIDE</b>				
Seafarer's Declarations (please tick) – Have you ever had any of the following conditions?								
	Yes	No		Yes	No		Yes	No
1. Eye Vision Problem		<input checked="" type="checkbox"/>	13. Allergies		<input checked="" type="checkbox"/>	25. Depression		<input checked="" type="checkbox"/>
2. High Blood Pressure		<input checked="" type="checkbox"/>	14. Severe Headaches		<input checked="" type="checkbox"/>	26. Attempted Suicide		<input checked="" type="checkbox"/>
3. Heart Vascular Disease		<input checked="" type="checkbox"/>	15. Hernia		<input checked="" type="checkbox"/>	27. Loss of Memory		<input checked="" type="checkbox"/>
4. Hear Surgery		<input checked="" type="checkbox"/>	16. Genital Disorder		<input checked="" type="checkbox"/>	28. Balance Problem		<input checked="" type="checkbox"/>
5. Varicose Veins / Piles*		<input checked="" type="checkbox"/>	17. pregnancy <b>N/A</b>			29. Infectious / Contagious Diseases*		<input checked="" type="checkbox"/>
6. Asthma / Bronchitis		<input checked="" type="checkbox"/>	18. Sleep Problem		<input checked="" type="checkbox"/>	30. Ear (Hearing, Tinnitus / Nose / Throat Problem)		<input checked="" type="checkbox"/>
7. Blood Disorder		<input checked="" type="checkbox"/>	19. Restricted Mobility		<input checked="" type="checkbox"/>	31. Do you smoke, use alcohol or drugs?		<input checked="" type="checkbox"/>
8. Diabetes		<input checked="" type="checkbox"/>	20. Operation / Surgery*		<input checked="" type="checkbox"/>	32. Back or Joint Problem		<input checked="" type="checkbox"/>
9. Thyroid Problem		<input checked="" type="checkbox"/>	21. Epilepsy / Seizures*		<input checked="" type="checkbox"/>	33. Amputation		<input checked="" type="checkbox"/>
10. Digestive Disorder		<input checked="" type="checkbox"/>	22. Dizziness / Fainting*		<input checked="" type="checkbox"/>	34. Fracture / Dislocations*		<input checked="" type="checkbox"/>
11. Kidney Problem		<input checked="" type="checkbox"/>	23. Loss of Consciousness		<input checked="" type="checkbox"/>	35. Chicken Pox / Chicken Pox Vaccine*		<input checked="" type="checkbox"/>
12. Skin Problem		<input checked="" type="checkbox"/>	24. Psychiatric Problems		<input checked="" type="checkbox"/>			<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**

29 JAN 2025

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 6/18	6/18	6/18	Distant 6/6	6/6	6/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Near ✓	✓	✓	Near ✓	✓	✓		

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

**CLINICAL FINDINGS**

Height (cm)	176	Weight (kg)	78	BMI	
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)					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	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): 29 JAN 2025  
Results: **NORMAL & CLEAR**

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

**Part C – Investigations**

Hepatitis B <sup>1</sup>	HB (ab) <input type="checkbox"/> +ve <input checked="" type="checkbox"/> -ve	HB (ag) <input type="checkbox"/> +ve <input type="checkbox"/> -ve
Bacteriological stool test <sup>2</sup>	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> positive	
Parasitological stool test <sup>3</sup>	<input type="checkbox"/> not performed <input checked="" type="checkbox"/> negative <input type="checkbox"/> 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	14.7 gms/dl	13.5 – 18.0 gms/dl
Total WBC count	9.100 cells / cu.mm	4000 – 10000 / cu.mm
ESR	12 mm	Up to 15mm
Blood Sugar (FBS)	120.0 mg/dl	80 – 140 mg/dl
HIV <sup>2</sup> (+ve or -ve)	NEGATIVE	
VDRL	NON-REACTIVE	
Others	NORMAL	
Blood Group		

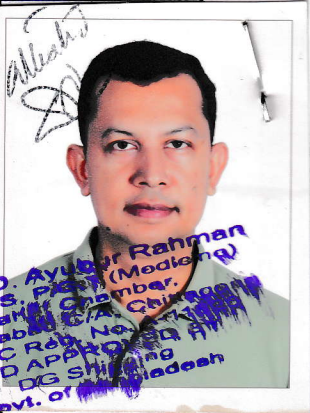
**Spirometry**  
 Normal  With Finding

**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., P.G.T (Medicine)  
Taher Chamber, Chittagong  
10, Agrabad CIA, Chittagong  
BMJC Reg. No. 11620  
AND APPROVED BY  
DG Shipping  
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

Description of restrictions (e.g. specific position, type of ship, trading area etc.)  
**NO RESTRICTIONS**

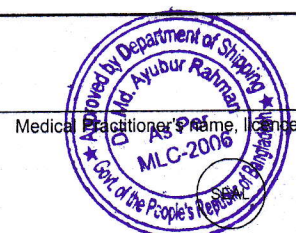
Deck Service	<input checked="" type="checkbox"/>	Engine Service	<input type="checkbox"/>	Catering Service	<input type="checkbox"/>	Other service	<input type="checkbox"/>
Fit	MASTER						
Unfit							

**Fit For Duty on Board Ship**

29 JAN 2025

Date of Issue

Signature of Medical Practitioner  
**DR. MD. Ayubur Rahman**  
M.B.B.S., P.G.T (Medicine)  
Taher Chamber,  
10, Agrabad CIA, Chittagong  
Medical Certificate Number: \_\_\_\_\_  
AND APPROVED BY \_\_\_\_\_



Medical Practitioner's Name, License number, address

**VALID FOR TWO YEARS**



# NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633  
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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 <b>ALAM MOHAMMED JAHANGIR</b>		Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth: day/month/year <b>20-01-1978</b>	Nationality <b>BANGLADESHI</b>	Passport/NRIC No: <b>A 07899611</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>29 JAN 2025</b>	<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 <b>NO RESTRICTIONS</b>		
9	Date of examination: (day/month/year) <b>29 JAN 2025</b>		

**VALID FOR TWO YEARS**

**29 JAN 2025**

Date

Signature of Medical Practitioner

**DR. MD. Ayubur Rahman**  
M.B.B.S, P.G.T (Medicine)  
Taher Chamber,  
10, Dhaka Cantonment, Dhaka  
BMDC Reg. No. A-11620  
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

# DR. MD. AYUBUR RAHMAN

M.B.B.S. & P.G.T (MEDICINE)

Address: Saba Diagnostic Centre, Taher Chamber (Ground Floor),  
10, Agrabad C/A, Chittagong, Bangladesh.  
Tel: 02333313678, Mob: 0088-01727690222

## ALCOHOL & DRUGS TEST

LAST NAME <i>ALAM</i>	FIRST NAME <i>MOHAMMED</i>	MIDDLE NAME <i>JAHANQIR</i>	
RANK <i>MASTER</i>	P.P. NO. <i>A07899611</i>	CDC NO. <i>C104512</i>	AGE : ,

THE FOLLOWING DRUGS OF ABUSE AND ALCOHOL IS TESTED FROM RANDOM URINE SAMPLE COLLECTED FROM THE ABOVE MENTIONED PERSON BY FULLY COMPUTERIZED SOLARIS ANALYZER FROM SYVA ,U.S.A. BY HOMOGENEOUS IMMUNO ASSAY METHOD :

S/L	NAME OF DRUGS OF ABUSE	RESULT	
		NEGATIVE	POSITIVE
1	ALCOHOL	✓	
2.	OPIATES	✓	
3.	CANNABINOIDS	✓	
4.	COCAINE	✓	
5.	PHENCYCLIDINE	✓	
6.	AMPHETAMINE	✓	
7.	BARBUBITURATES	✓	
8.		✓	
9.		✓	

REMARKS : \_\_\_\_\_

RANDOM URINE SAMPLE OF ABOVE PERSON

IS FREE FROM ABOVE DRUG AND ALCOHOL.

DATE : 29 JAN 2025

  
NAME & SIGNATURE OF PHYSICIAN

DR. MD. Ayubur Rahman  
M.B.B.S., P.G.T (Medicine)  
Taher Chamber,  
10, Agrabad C/A, Chittagong  
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