



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 KAMRUL ISLAM LHOODHURY.		Sex: <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
Date of Birth: 01-07-1972 day / month / year	Place of Birth: NOAKHALI.	Nationality: BANGLADESHI	
Type of ID documents: C/O/2467. SB No. / Passport No: B00065429	Dept/ <input checked="" type="radio"/> Deck / <input type="radio"/> Engine / <input type="radio"/> Catering / <input type="radio"/> Others Rank: CH. OFFICER.	Type of Ship:	
Home Address: H-244/A. R-02, CDA.R/A. AGRABAD. C.T. 9.	Routine and emergency duties: BOTH	Trading area: e.g. coastal / <input checked="" type="radio"/> 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		<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 N/A			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?		<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.

VALID FOR TWO YEARS

Fit For Duty on Board Ship

10 SEP 2025

Date

Signature of Seafarer



DR. MD. Ayubur Rahman
Name and Signature of Witness

Part B – Result of Medical Examinations

EYESIGHT: Use of glasses or contact lenses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type _____ Purpose _____					
VISUAL ACUITY				VISUAL FIELDS	
Unaided			Unaided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant <i>6/6</i>	<i>6/6</i>	<i>6/6</i>			
Near <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Normal <input checked="" type="checkbox"/> Defective <input type="checkbox"/>			Normal <input checked="" type="checkbox"/> Defective <input type="checkbox"/>		
COLOUR VISION (Please tick) Type of Test (Please specify): _____ <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective			CLINICAL FINDINGS		
Height (cm) <i>165cm</i> Weight (kg) <i>74</i> BMI <i>27.2</i>			Pulse rate (per minute) <i>90</i> Rhythm <i>REGULAR</i>		
Blood Pressure systolic (mm Hg) <i>120</i> Diastolic (mm Hg) <i>80</i>			Urinalysis: Glucose: <i>NIL</i> Protein: <i>NIL</i> Blood: <i>NIL</i>		
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	
Right ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right ear <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Whisper <input checked="" type="checkbox"/>
Left ear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Left ear <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Whisper <input checked="" type="checkbox"/>
Head	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Eye movement	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hernia	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Sinus, nose, throat	<input checked="" type="checkbox"/>	Lungs and chest	<input checked="" type="checkbox"/>	Anus (not rectal exam)	<input checked="" type="checkbox"/>
Mouth / teeth / oral cavity	<input checked="" type="checkbox"/>	Breast examination <i>N/A</i>		G-U system	<input checked="" type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	Heart	<input checked="" type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	Spine (C/C, T/S, L/S)	<input checked="" type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	Varicose Vein	<input checked="" type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	Vascular (inc. pedal pulse)	<input checked="" type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>
CHEST X-RAY <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> Performed on (day/month/year): <i>10 SEP 2025</i> Results: <i>NORMAL & CLEAR.</i>			TREADMILL TEST (45YEARS OLD & ABOVE) <i>NORMAL & NEGATIVE.</i>		

Part C – Investigations

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

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 climate
⁴ compulsory

Blood	Result	Normal
Hemoglobin	<i>14.3</i> gms/dl	13.5 – 18.0 gms/dl
Total WBC count	<i>9,000</i> cells / cu.mm	4000 – 10000 / cu.mm
ESR	<i>20</i> mm	Up to 15mm
Blood Sugar (FBS) R	<i>124.0</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>-</i>	

Spirometry	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
USG Abdomen	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
Creatine Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Finding
Pregnancy Test	<input type="checkbox"/> Normal <input type="checkbox"/> With Finding <i>N/A</i>
Kidney Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	Engine Service <input type="checkbox"/>	Catering Service <input type="checkbox"/>	Other service <input type="checkbox"/>
Fit <i>CH/OFFICER</i>			
Unfit			

Fit For Duty on Board Ship

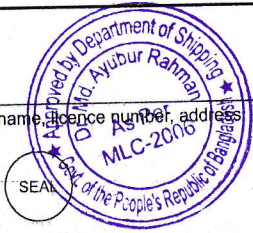
Description of restrictions (e.g. specific position, type of ship, trading area etc.)

NO RESTRICTIONS

10 SEP 2025
Date of Issue

[Signature]
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



VALID FOR TWO YEARS

07-2025-1252
Medical Certificate Number



NYK SHIPMANAGEMENT PTE LTD

1 HarbourFront Place #15-01 HarbourFront Tower One Singapore 098633
Tel: 65-6416 7500 Fax: 65-6416 9922

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 KAMRUL ISLAM KHONDHURY		Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth: day/month/year 01-07-1972	Nationality BANGLADESHI	Passport/NRIC No: B000065A29

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: 1 0 SEP 2025		
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) 1 0 SEP 2025		

Fit For Duty on Board Ship

VALID FOR TWO YEARS

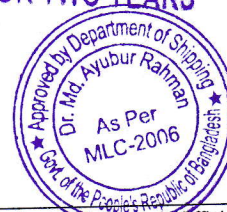
1 0 SEP 2025

Date

Signature of Medical Practitioner

DR. MD. Ayubur Rahman
M.B.B.S, P.G.T (Med'cine)
Taher Chamber,
10, Park Road, Dhaka-1000
B.M.C. Reg. No. A-11820
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