



# 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<br>(BLOCK CAPITALS) <b>TANBIR AHAMMAD</b>                |   | Sex:<br>(MALE) / FEMALE                       |
| Date of Birth:<br>day / month / year <b>01-01-1992</b>                           | Place of Birth: <b>NOAKHALI</b>                             | Nationality: <b>BANGLADESHI</b>               |
| Type of ID documents: <b>C/O/11223</b><br>SB No. / Passport No: <b>A11997435</b> | Dept: Deck / Engine / Catering / Others Rank:<br><b>ETO</b> | Type of Ship:                                 |
| Home Address: <b>GOPALPUR.<br/>BIBACH. SENBACH.<br/>NOAKHALI.</b>                | Routine and emergency duties:<br><b>BOTH</b>                | 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       |     | <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?                           |                                     | <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.





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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<br><b>TANBIR AHAMMAD.</b>  |                                   | Sex:<br><input checked="" type="radio"/> Male / Female |
| Date of Birth: day/month/year<br><b>01-01-1992</b> | Nationality<br><b>BANGLADESHI</b> | Passport/NRIC No:<br><b>A11997435</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>22 MAY 2025</b>  |                                     |                          |
| 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<br><b>NO RESTRICTIONS</b>  |                                     |                          |
| 9 | Date of examination: (day/month/year) <b>22 MAY 2025</b>   |                                     |                          |

**VALID FOR TWO YEARS**

**22 MAY 2025**

Date

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.

**DR. MD. Ayubur Rahman**  
M.B.B.S, P.G.T (Medicine)  
Taher Chamber,  
10, Mirza Ghalib Road, Dhaka-1000  
BMDC Reg. No. A-11820  
AND APPROVED BY  
DG Shipping  
Govt. of Bangladesh

Signature of Seafarer

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18 or sailing on a Japanese Flag vessel, in which case the maximum period of validity shall be one year.