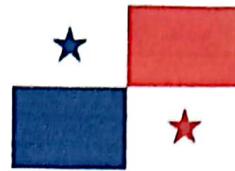




REPÚBLICA DE PANAMÁ
Republic of Panama
AUTORIDAD MARÍTIMA DE PANAMÁ
Panama Maritime Authority
CERTIFICADO MÉDICO DE LA GENTE DE MAR
Medical Fitness Standards Certificate for Seafarers



No. Certificado: SYNTEGRA-100624-2024
Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla 1/9 del convenio STCW, 1978, enmendado y la norma A-1/2 del CTM, 2006, enmendado y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation 1/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the M.C., 2006, as amended, and certifies that seafarers are fit for sea service.

| | | |
|--|--|---|
| Apellido: Surname | Nombre: Given Name (s) | Cédula / Pasaporte No.: Id. Number/ Passport No. E5558387 |
| Fecha de Nacimiento: Date of Birth Día Day Mes Month Año Year 15 12 1989 | Nacionalidad: Nationality INDONESIA | Sexo: Gender <input checked="" type="checkbox"/> Masculino Male <input type="checkbox"/> Femenino Female |

| | Sí / Yes | No |
|--|-------------------------------------|-------------------------------------|
| ¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? Confirmation that identification documents were checked at the point of examination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿La audición cumple con el estándar? Hearing meets the standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿La audición es satisfactoria sin ayuda? Unaided hearing satisfactory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿La agudeza visual cumple con el estándar? Visual acuity meets standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿La visión cromática cumple con el estándar? Color vision meets standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fecha de la última prueba de visión cromática (Día/Mes/Año) Date of the last color vision test (Day/Month/Year) | 27 / jun / 2024 | |
| ¿Apto para cometidos de vigía? Fit for look out duties? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones Limitations or restrictions on fitness? If "Yes", specify limitations or restrictions. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other person(s) on board? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--|
| Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-1/9. I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-1/9. | Firma de la Gente de Mar Seafarer's Signature |
|---|--|

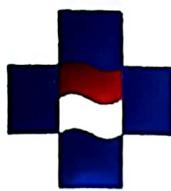
| | | |
|---|-------------------|--|
| Fecha de emisión: Date of issue | 03 jul 2024 | Firma y sello del médico reconocido / Signature and stamp of the recognized medical practitioner |
| Fecha de expiración: Date of expiry: | 27 jun 2026 | |
| Nombre del médico reconocido: Name of the recognized medical practitioner: | DR. PONY NDARUAJI | dr. Pony Ndaruaji SIP No : 10B.15A31.72.04.1005.9.K-3/4-1.779.3/e/2022 |

- El original de este certificado deberá estar disponible durante el servicio a bordo.
The original of this certificate must be available while serving on board ship.
- En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima.
In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority
- La Autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.
The authenticity of this certificate can be verified contacting the Panama Maritime Authority

VERIFY AUTHENTICITY BY SCANNING QR CODE OR USE LINK BELOW



77c21355-e48-460b-9d94-e4ead574e1d1



MEDICAL EXAMINATION REPORT

| | | | |
|----------------------------|---|---|----------------------------|
| COMPANY | : PT. ANDHINI EKAKARYA SEJAHTERA |  <small>AT 2003</small> | |
| MCU NO. | : CLC-00-57-43 | | |
| NAME | : MUSTAFIRI | | |
| SEX | : PRIA/MALE | | DATE EXAMINE : 27 Jun 2024 |
| PLACE & DATE OF BIRTH | : TG TIRAM / 15 December 1989 | | NATIONALITY : INDONESIA |
| MAILING ADDRESS OF EXAMINE | : DUSUN I RT. 000/000 KEL. BOGAK KEC. TANJUNG TIRAM | | |
| DUTY | : MESSMAN | PASSPORT : E5558387 | |

| MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION) | | PHYSICAL EXAMINATION | | | | | | |
|---|----------|----------------------------|--|-------------------------|----------------|----------|------------------|--|
| | Yes / No | HEIGHT | WEIGHT | BMI | BLOOD PRESSURE | PULSE | RESPIRATORY RATE | |
| 1. ALCOHOL HISTORY | No | 160 cm | 50 kg | 19.50 kg/m ² | 111/61 mmHg | 59 X/min | 18 X/min | |
| 2. ALLERGIC HISTORY | No | | | | | | | |
| 3. AMPUTATION | No | | | | | | | |
| 4. BLOOD DISORDER | No | | | | | | | |
| 5. BALANCE PROBLEM | No | | | | | | | |
| 6. BACK OR JOINT PROBLEM | No | | | | | | | |
| 7. COLOUR BLINDNESS | No | | | | | | | |
| 8. CANCER | No | | | | | | | |
| 9. DIABETES | No | | | | | | | |
| 10. DIGESTIVE DISORDER | No | | | | | | | |
| 11. DEPRESSION | No | NORMAL | | | | | | |
| 12. EPILEPSY | No | | | | | | | |
| 13. EYE / VISION PROBLEM | No | 1. EYES | | | | Yes | | |
| 14. EAR PROBLEM | No | 2. EARS | | | | Yes | | |
| 15. FRACTURE | No | 3. NOSE | | | | Yes | | |
| 16. GENITAL DISORDER | No | 4. MOUTH | | | | Yes | | |
| 17. HEART SURGERY | No | 5. THROAT | | | | Yes | | |
| 18. HEART DISEASE | No | 6. NECK | | | | Yes | | |
| 19. HIGH BLOOD PRESSURE | No | 7. THROID | | | | Yes | | |
| 20. HERNIA | No | 8. LYMP NODE | | | | Yes | | |
| 21. INFECTIOUS DISEASE | No | 9. LUNGS | | | | Yes | | |
| 22. KIDNEY PROBLEM | No | 10. HEARTS | | | | Yes | | |
| 23. LUNG DISEASE | No | 11. ABDOMEN | | | | Yes | | |
| 24. LIVER PROBLEM | No | 12. UROGENITAL SYSTEM | | | | Yes | | |
| 25. LOST OF MEMORY | No | 13. UPPER EXTREMITIES | | | | Yes | | |
| 26. NARCOTIC HISTORY | No | 14. LOWER EXTREMITIES | | | | Yes | | |
| 27. NEUROGICAL DISEASE | No | 15. BACK ABNORMALITY | | | | Yes | | |
| 28. OPERATION / SURGERY | No | 16. HERNIA | | | | Yes | | |
| 29. PSYCHIATRIC PROBLEM | No | 17. CENTRAL NERVOUS SYSTEM | | | | Yes | | |
| 30. RESTRICTED MOBILITY | No | 18. SKIN & NAILS | | | | Yes | | |
| 31. SKIN PROBLEM | No | 19. SPEECH | | | | Yes | | |
| 32. SLEEP PROBLEM | No | 20. OTHERS | | | | Yes | | |
| 33. THYROID PROBLEM | No | | | | | | | |
| 34. TUBERCULOSIS | No | | | | | | | |
| 35. SMOKING | No | | | | | | | |
| DENTAL EXAMINATION | | HEARING | If abnormal give details OKUMEN INI HUBUNGI TOTOT RUMEKO HP. 0858 1392 5019 | | | | | |
| 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 • : Filling O : Caries ^ : Root Rest x : Missing V : Prothesia | | NORMAL | If abnormal give details OKUMEN INI HUBUNGI TOTOT RUMEKO HP. 0858 1392 5019 NIL | | | | | |





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SNI ISO 9001 : 2015



BPJS Kesehatan



KEMNAKER

SURAT KETERANGAN TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : MUSTAFIRI
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : TG TIRAM / DECEMBER 15, 1989
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : MESSMAN



Benar telah melakukan Medical Check-Up di Indosehat 2003 Medical Centre.
Have trully complete Medical Standart Check-Up in Indosehat 2003 Medical Centre.

Dengan Hasil : Sehat untuk Bertugas.
With Final Result : FIT.

Demikian surat keterangan ini kami sampaikan untuk dapat dipergunakan sebagaimana mestinya.
I hope this letter will be found useful where necess.

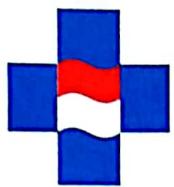


MUSTAFIRI



dr. Ponj Ndaruaji
Examination

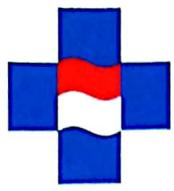
Date Of Examination, June 27, 2024
Expiration Of Validity, June 27, 2026



REPORT LABORATORY RESULT

| | | | |
|------------------|----------------------------------|--------|----------------|
| Company | : PT. ANDHINI EKAKARYA SEJAHTERA | Sex | : Male |
| Name | : MR.MUSTAFIRI | No. MR | : 005743 |
| MCU No. | : 021/MCUI5/AES/VI/24 | Age | : 34 Years Old |
| Date Examination | : JUNE 27, 2024 | | |

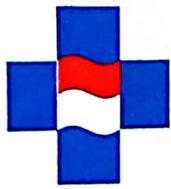
| Laboratory Test | Reference Ranges | Result |
|---------------------------|------------------|-----------|
| HAEMATOLOGY | | |
| Haemoglobin | 13.0 – 18.0 | gr / dl |
| White Blood Cell Count | 5.0 – 10.0 | / ul |
| ESR | 0 - 15 | mm / hour |
| DIFFERENTIAL COUNT | | |
| Eosinophil | 0 – 1 | % |
| Basophil | 1 – 3 | % |
| Stab | 2 – 6 | % |
| Segment | 50 – 70 | % |
| Lymphocyte | 20 – 40 | % |
| Monocyt | 2 – 8 | % |
| Platelet/ Trombosit | 150.000-440 .000 | |
| | | 213 |
| BLOOD CHEMISTRY | | |
| Fasting Blood Sugar | 60-110 | mg / dl |
| Blood Sugar 2 PP | 60-140 | mg/ dl |
| Random Glucose | 60 – 180 | mg / dl |
| Cholesterol | < 200 | mg / dl |
| Triglyceride | < 200 | mg / dl |
| SGOT | < 35 | U / L |
| SGPT | < 45 | U / L |
| Creatinin | 0,7 – 1,4 | mg / dl |
| Ureum | 15 – 45 | mg / dl |
| Fosfatase Alkali | 30-120 | mg/ dl |
| GGT | < 49 | g/ml |
| BIL TOTAL | 0,2-1,0 | mg/dl |
| BIL DIRECT | 0,1-1,2 | mg/dl |
| | | 0,8 |
| | | 0,1 |



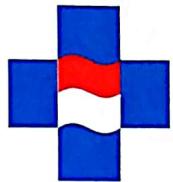
REPORT LABORATORY RESULT

| | |
|------------------|----------------------------------|
| Company | : PT. ANDHINI EKAKARYA SEJAHTERA |
| Name | : MR.MUSTAFIRI |
| MCU No. | : 021/MCUI5/AES/VI/24 |
| Date Examination | : JUNE 27, 2024 |
| Sex | : Male |
| No. MR | : 005743 |
| Age | : 34 Years Old |

| Laboratory Test | Reference Ranges | Result |
|--|------------------|--------------|
| URINALYSIS | | |
| Macroscopic | | |
| Spesific Gravity | 1,010 – 1,030 | 1010 |
| Albumin | Negative | Negative |
| Glucose | Negative | Negative |
| PH | 5 | 5 |
| Microscopic | | |
| Sediment | | |
| Epithels / hpf | Positive | Positive |
| WBC / hpf | 1 – 4 | 0-2 |
| RBC / hpf | 1 – 4 | 0-1 |
| Cast | Negative | Negative |
| Crystal | Negative | Negative |
| Bacteria | Negative | Negative |
| Others | Negative | Negative |
| SEROLOGY / IMMUNOLOGY | | |
| VDRL | Non Reaktive | Non Reaktive |
| Hbs Ag | Non Reaktive | Non reaktive |
| HIV | Non Reaktive | Non Reaktive |
|  <u>dr. Gunawan Eka Putra, Sp.PK</u> Chief Laboratory | | |



Eks. Komp. Gaya Motor
Jl. Isuzu No. 32 RT. 04 RW. 08 Semper Timur,
Cilincing, Jakarta Utara 14130
Telp. (021) 4411281
Email : info@indosehat2003.id



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 021/MCUIS/AES/VI/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : JUNE 27, 2024

This is to certify that

| | |
|---------------------|-------------------------------|
| Name | : MR. MUSTAFIRI |
| Sex | : Male |
| Place/Date Of Birth | : TG TIRAM/ DECEMBER 15, 1989 |
| Age | : 34 Years Old |
| Rank | : MESSMAN |

Was examined for the presence of the following drugs and alcohol in the urine using the competitive immunoassay / chromatographic Absorbent method and was found :

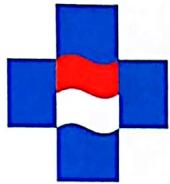
| | | | |
|--------------------|------------|--------------------------|------------|
| 1. Amphetamine | : Negative | 6.Cocaine | : Negative |
| 2. Methamphetamine | : Negative | 7.Marijuana/Cannabinoids | : Negative |
| 3. Opiate/Morphine | : Negative | 8.Barbiturate | : Negative |
| 4. Phencyclidine | : Negative | 9.Benzodiazepine | : Negative |
| 5. Codeine | : Negative | 10.Alcohol | : Negative |

Note
N/E : Not Examine

JAKARTA JUNE 27, 2024



dr. PONY NDARUAJI
Medical Review Officer



DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. MUSTAFIRI
Age : 34 Years Old

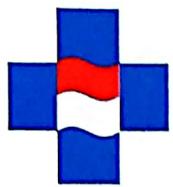
And was found him / her dentally **FIT**.

Jakarta JUNE 09 2024



(Dr. Triana)

Dentist



DENTAL CHECK UP REPORT

MCU No. : 021/MCUIS/AES/VI/24
Date : JUNE 27, 2024
Name of Crew : MR. MUSTAFIRI
Age : 34 Years Old

Company/Shiping Co.:

CHIEF COMPLAINT :

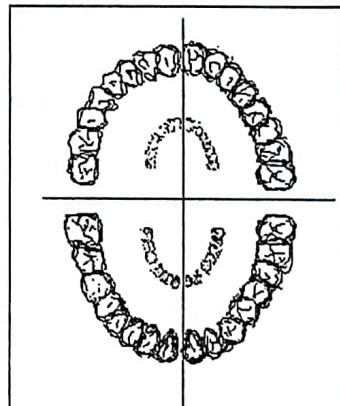
FINDINGS :

1. Teeth Missing :

2. Carious Teeth :

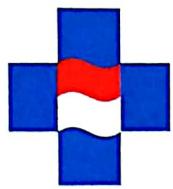
3. Periodontally involved teeth :

4. Others :



ADVISED :





Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : **MR. MUSTAFIRI**
No Client : 005743
MCU No. : 021/MCUIS/AES/VI/24
Sex : Male
Age : 34 Years Old

| | |
|-----|----------|
| HIV | Negative |
|-----|----------|

Jakarta, JUNE 27, 2024

Examiner



dr. PONY NDARUAJI
Medical Review Officer

Laboratory Analyst



KLINIK UTAMA INDOSEHAT 2003 MEDICAL CENTRE

Ex. Komp. Gaya Motor

Jl. Isuzu No. 32 Semper Timur, Cilincing, Jakarta Utara 14130
Telp. (021) 4411281 Fax. (021) 4411281 Email : Indosehat2003@hotmail.com

Nama Pasien : MR. MUSTAFIRI Pengirim : PT. ANDHINI EKAKARYA SEJAHTERA

Umur / No. Foto : 34 TH / 005743 Rontgen : THORAX AP

Tanggal Rontgen : JUNE 27, 2024

Yth. Ts.

CHEST C-RAY POSTEROANTERIOR PROJECTION :

No sign of heart enlargement
Normal bronchovascular pattern
No sign of infiltrate or nodul in both lungs
Diaphragms are smooth, costophrenic sinuses are sharp
Bone of costae within normal limit

Conclusion : No sign of abnormality in chest X-ray

dr. ROSALINA, Sp. Rad.
21B.15b/31.72.04.1005.05.005.C.1/3/-1.779.3/e/2020.

dr. ROSALINA, Sp. Rad.

21B.15b/31.72.04.1005.05.005.C.1/3/-1.779.3/e/2020.

Radiolog / Assisten : Tanda tangan :

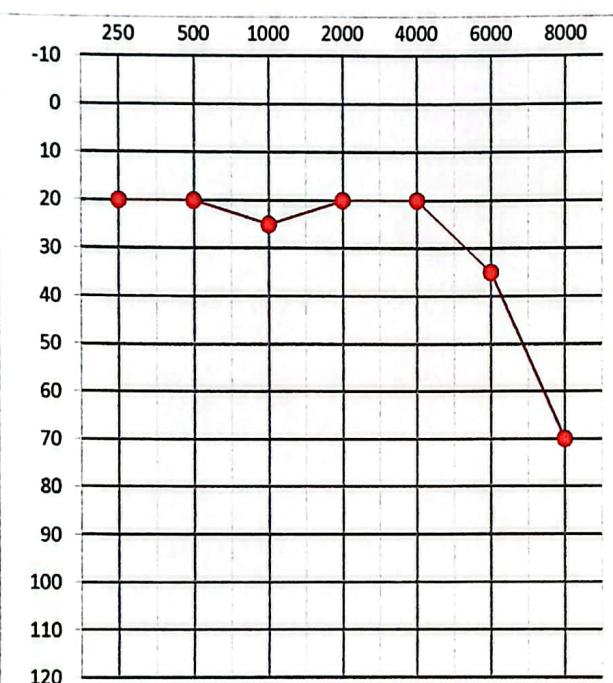
PATIENT DATA

| | | |
|----------------|---|-----------|
| <u>Company</u> | : | ANDHINI |
| <u>Name</u> | : | MUSTAFIRI |
| <u>Age</u> | : | 34 YO |
| <u>No</u> | : | 00-57-43 |

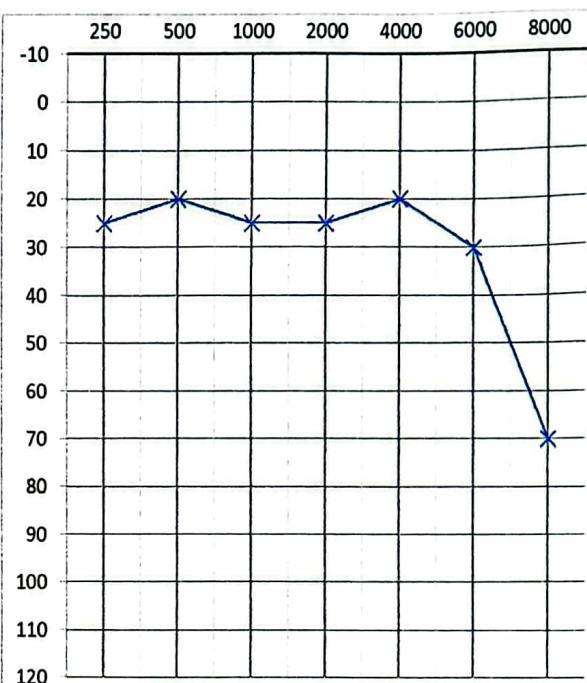
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



| Right Ear Air Conduction | | | | | | | Right Ear (dB) |
|--------------------------|-----|------|------|------|------|------|----------------------|
| 250 | 500 | 1000 | 2000 | 4000 | 6000 | 8000 | |
| 20 | 20 | 25 | 20 | 20 | 35 | 70 | 21,25 |

| Left Ear Air Conduction | | | | | | | Left Ear (dB) |
|-------------------------|-----|------|------|------|------|------|---------------------|
| 250 | 500 | 1000 | 2000 | 4000 | 6000 | 8000 | |
| 25 | 20 | 25 | 25 | 20 | 30 | 70 | 22,5 |

| Right Ear Bone Conduction | | | | | | | Right Ear (dB) |
|---------------------------|-----|------|------|------|------|------|----------------------|
| 250 | 500 | 1000 | 2000 | 4000 | 6000 | 8000 | |
| | | | | | | | 0 |

| Left Ear Bone Conduction | | | | | | | Left Ear (dB) |
|--------------------------|-----|------|------|------|------|------|---------------------|
| 250 | 500 | 1000 | 2000 | 4000 | 6000 | 8000 | |
| | | | | | | | 0 |

Right Ear : Ambang dengar normal 21,25 dB

Left Ear : Ambang dengar normal 22,5 dB

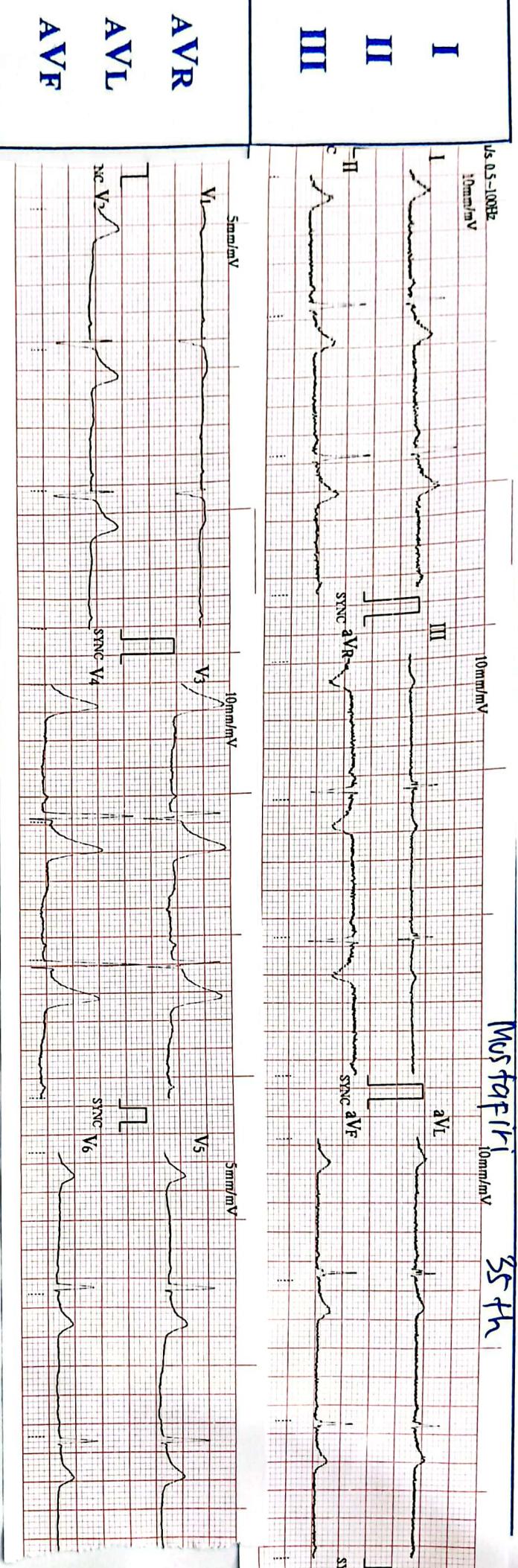
Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM, Sp. THT-KL
14/B.15B/31.72.04.1005.05.005.C 1/3/1.779 3.e7221

Examining Physician
dr Karisma Prameswari Sp.THT-KL

ELECTROKARDIOGRAM REPORT

Mustafiri 10mm/mv 35th



PEMERIKSAAN ELECTROKARDIOGRAM
MEDICAL CHECK UP

| | | |
|-----------------|---|----------------------------|
| NO. MCU | : | 00 59 43 |
| TANGGAL PERIKSA | : | 27 Juni 2014 |
| NAMA | : | Mustafirī |
| UMUR | : | 35 th |
| PERUSAHAAN | : | Andhini |
| KESIMPULAN | : | Sinus 60 X / min Normal |

Dr. Ismugit, SpJP-FIHA
Spesialis Jantung & Pembuluh Darah
(Cardiologist)

dr. ISMUGI SpJP, FIHA
CARDIOLOGIST