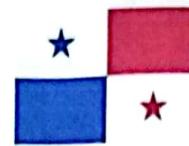




**REPÚBLICA DE PANAMÁ  
REPUBLIC OF PANAMA  
AUTORIDAD MARÍTIMA DE PANAMÁ  
PANAMA MARITIME AUTHORITY**

**CERTIFICADO MÉDICO DE LA GENTE DE MAR  
MEDICAL FITNESS STANDARDS CERTIFICATE FOR SEAFARERS**



Certificate No.: ALCH-39561-2024

Este certificado se emite en conformidad con las disposiciones de la regla I-9 del Convenio STCW, 1978, enmendado, y la norma A-I/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 I/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

<b>Apellido Surname:</b> <b>TUKIDAL</b>	<b>Nombre Given Name(s):</b> <b>AGUSTINUS</b>	<b>Cédula / Pasaporte No. Id. Number/Passport No.</b> <b>C 8425361</b>
<b>Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy)</b> <b>26/08/1967</b>	<b>Nacionalidad: Nationality</b> <b>Indonesia</b>	<b>Sexo: Sex</b> <b>Male</b>
		<b>Yes</b> <b>No</b>
<p>¿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</p>		
<p>¿La audición cumple con el estándar? Hearing meets standards?</p>		
<p>¿La audición es satisfactoria sin ayuda? Unaided hearing satisfactory?</p>		
<p>¿La agudeza visual cumple con el estándar? Visual acuity meets standards?</p>		
<p>¿La visión cromática cumple con el estándar? Colour vision meets standards?</p>		
<b>Fecha de la última prueba de visión cromática (Año/Mes/Día)? Date of last color vision test</b>		2024-01-23
<p>¿Apto para cometidos de vigía? Fit for look out duties?</p>		
<p>¿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?</p>		
<p>¿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 persons on board?</p>		
<p>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-I/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-I/9.</p>		
		Firma de la Gente de Mar Seafarer's Signature

Date of Issue 2024-01-24  
Expiration Date: 2025-01-24  
Name of the recognized medical practitioner: Pony Ndaruaji

Firma de la Gente de Mar Seafarer  
's Signature

Firma y sello del medico  
reconocido/Signature and Stamp of  
the recognized medical practitioner

dr. Pony Ndaruaji

SIP No : 10/B.15A/31.72.04.1005.9.K-3/4-1.779.3/e/2022  
Reg: 3111100317053064

1. El original de este certificado deberá estar disponible durante el servicio a bordo./The original of this certificate must be kept available while serving on board ship.
  2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá./In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority.
  3. 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.



## MEDICAL EXAMINATION REPORT

<b>COMPANY</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	
<b>MCU NO.</b>	: CLC-00-24-64	
<b>NAME</b>	: AGUSTINUS TUKIDAL	
<b>SEX</b>	: PRIA/MALE	<b>DATE EXAMINE</b> : 23 Jan 2024
<b>PLACE &amp; DATE OF BIRTH</b>	: YOGYAKARTA / 26 August 1967	<b>NATIONALITY</b> : INDONESIA
<b>MAILING ADDRESS OF EXAMINE</b>	: NYAMPLUNG LOR RT. 001/007 KEL. BALEBUTUR KEC. GAMPING KOTA SLEMAN	
<b>DUTY</b>	: AB	<b>PASSPORT</b> : C8425361



<b>MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)</b>		<b>PHYSICAL EXAMINATION</b>					
Yes / No	1. ALCOHOL HISTORY	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
	No	163 cm	70 kg	26.30 kg/m <sup>2</sup>	137/84 mmHg	85 X/min	19 X/min
	No	<b>VISION</b>	<b>WITHOUT</b>	<b>WITH</b>	<b>COLOR VISION (ISIHARA'S METHOD)</b>		
	No	Right Eye			6/6	NORMAL	
	No	Left Eye			6/7.5		
	No	Both Eye			6/7.5		
	No	<b>GENERAL APPEARANCE</b>			NORMAL		
	No	LOOKING HEALTHY					
	No	NORMAL					
	No	1. EYES			Yes	NORMAL	
	No	2. EARS			Yes		
	No	3. NOSE			Yes		
	No	4. MOUTH			Yes		
	No	5. THROAT			Yes		
	No	6. NECK			Yes		
	No	7. THROID			Yes		
	No	8. LYMP NODE			Yes		
	No	9. LUNGS			Yes		
	No	10. HEARTS			Yes		
	No	11. ABDOMEN			Yes		
	No	12. UROGENITAL SYSTEM			Yes		
	No	13. UPPER EXTREMITIES			Yes		
	No	14. LOWER EXTREMITIES			Yes		
	No	15. BACK ABNORMALITY			Yes		
	No	16. HERNIA			Yes		
	No	17. CENTRAL NERVOUS SYSTEM			Yes		
	No	18. SKIN & NAILS			Yes		
	No	19. SPEECH			Yes		
	No	20. OTHERS			Yes		
	<b>DENTAL EXAMINATION</b>		<b>HEARING</b>	If abnormal, give details <b>HUBUNGI</b>			
	8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8		NORMAL	<b>TOTOT RUMEKSO</b> HP. 0858 1392 5019			
	8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8						
	* : Filling   O : Caries   ^ : Root Rest x : Missing   V : Prothesa	Right Ear					
	Left Ear	Yes					
			NIL				





**SURAT KETERANGAN**  
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :

Here with acknowledge that :

**Nama** : AGUSTINUS TUKIDAL  
**Name**  
**Jenis Kelamin** : PRIA/MALE  
**Gender/Sex**  
**Tempat / Tanggal Lahir** : YOGYAKARTA / AUGUST 26, 1967  
**Place / Date Of Birth**  
**Perusahaan** : PT. ANDHINI EKAKARYA SEJAHTERA  
**Company**  
**Jabatan** : AB  
**Occupation**



**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.*



AGUSTINUS TUKIDAL

Jakarta, 23 January 2024



Date Of Examination, January 23, 2024  
Expiration Of Validity, January 22, 2025



## REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.AGUSTINUS TUKIDAL	No. MR	: 002464
MCU No.	: 026/MCUI5/AES/I/24	Age	: 57 Years Old
Date Examination	: JANUARY 23, 2024		

Laboratory Test	Reference Ranges	Result
<b>HAEMATOLOGY</b>		
Haemoglobin	13.0 – 18.0	gr / dl
White Blood Cell Count	5.0 – 10.0	/ ul
ESR	0 - 15	mm / hour
<b>DIFFERENTIAL COUNT</b>		
Eosinophil	0 – 1	%
Basophil	1 – 3	%
Stab	2 – 6	%
Segment	50 – 70	%
Lymphocyte	20 – 40	%
Monocyt	2 – 8	%
Platelet/ Trombosit	150.000-440 .000	
<b>BLOOD CHEMISTRY</b>		
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



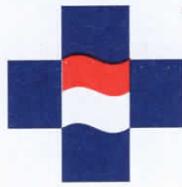
## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA		
<b>Name</b>	: MR.AGUSTINUS TUKIDAL		
<b>MCU No.</b>	: 026/MCUIS/AES/I/24		
<b>Date Examination</b>	: JANUARY 23, 2024		
	<b>Sex</b>	: Male	
	<b>No. MR</b>	: 002464	
	<b>Age</b>	: 57 Years Old	

Laboratory Test	Reference Ranges	Result
<b>URINALYSIS</b>		
Macroscopic		
Spesific Gravity	1,010 – 1,030	1020
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		5
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-1
RBC / hpf	1 – 4	0-2
Cast	Negative	Negative
Crystal	Negative	Negative
Bacteria	Negative	Negative
Others	Negative	Negative
<b>SEROLOGY / IMMUNOLOGY</b>		
VDRL	Non Reaktive	Non Reaktive
Hbs Ag	Non Reaktive	Non reaktive
HIV	Non Reaktive	Non reaktive

dr. Gunawan Eka Putra, Sp.PK  
Chief Laboratory





Eks. Komp. Gaya Motor  
Jl. Isuzu No. 32 RT. 04 RW. 08 Semper Timur,  
Cilincing, Jakarta Utara 14130  
Tele. (021) 4411281



## CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 026/MCUIS/AES/I/24  
Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Date : JANUARY 23, 2024

This is to certify that

Name	: MR. AGUSTINUS TUKIDAL
Sex	: Male
Place/Date Of Birth	: YOGYAKARTA/ AUGUST 26, 1967
Age	: 57 Years Old
Rank	: AB

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

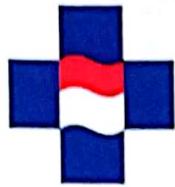
Note

N/E : Not Examine

JAKARTA, JANUARY 23, 2024



dr. PONY NDARUAJI  
Medical Review Officer



## DENTAL CHECK UP REPORT

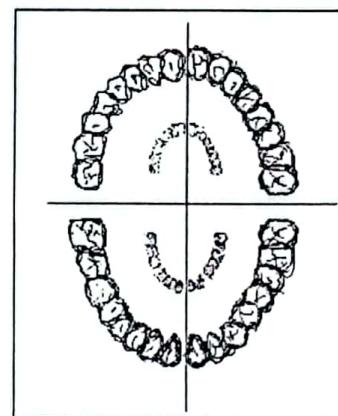
MCU No. : 026/MCUIS/AES/I/24  
Date : JANUARY 23, 2024  
Name of Crew : MR. AGUSTINUS TUKIDAL  
Age : 57 Years Old

Company/Shiping Co.:

### CHIEF COMPLAINT :

### FINDINGS :

1. Teeth Missing :
2. Carious Teeth :
3. Periodontally involved teeth :
4. Others :



### ADVISED :

Jakarta, JANUARY 23, 2024





## Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. AGUSTINUS TUKIDAL  
No Client : 002464  
MCU No. : 026/MCUIS/AES/I/24  
Sex : Male  
Age : 57 Years Old

HIV	Negative
-----	----------

Jakarta, JANUARY 23, 2024

Examiner



dr. PONY NDARUAJI  
Medical Review Officer

Laboratory Analyst



# KLINIK UTAMA INDOSEHAT 2003 MEDICAL CENTRE

Ex. Komp. Gaya Motor  
JI. Isuzu No. 32 Semper Timur, Cilincing, Jakarta Utara 14130  
Telp. (021) 4411281 Fax. (021) 4411281 Email : [indosehat2003@hotmail.com](mailto:indosehat2003@hotmail.com)

Nama Pasien : MR. AGUSTINUS TUKIDAL Pengirim : PT. ANDHINI EKAKARYA SEJAHTERA  
Umur / No. Foto : 57 TH / 002464 Rontgen : THORAX AP  
Tanggal Rontgen : JANUARY 23, 2024  
Yth. Ts.

## CHEST C-RAY POSTEROANTERIOR PROJECTION :

CTR 58 %. Aorta baik.  
Hilus tidak menebal.  
Corakan bronkovaskuler kedua paru baik.  
Diafragma licin. Sinus kostofrenikus lancip.  
Costae intak.

Kesan : Kardiomegali.

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

dr. ROSALINA, Sp. Rad.

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

Radiolog / Assisten :

Tanda tangan :

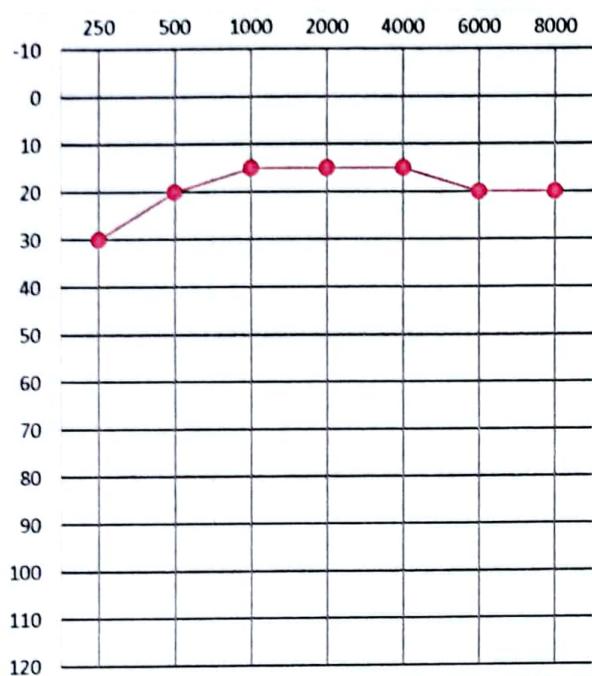
**PATIENT DATA**

<u>Company</u>	ANDHINI
<u>Name</u>	AGUSTINUS TUKIDAL
<u>Age</u>	23 YO
<u>No</u>	00-24-64

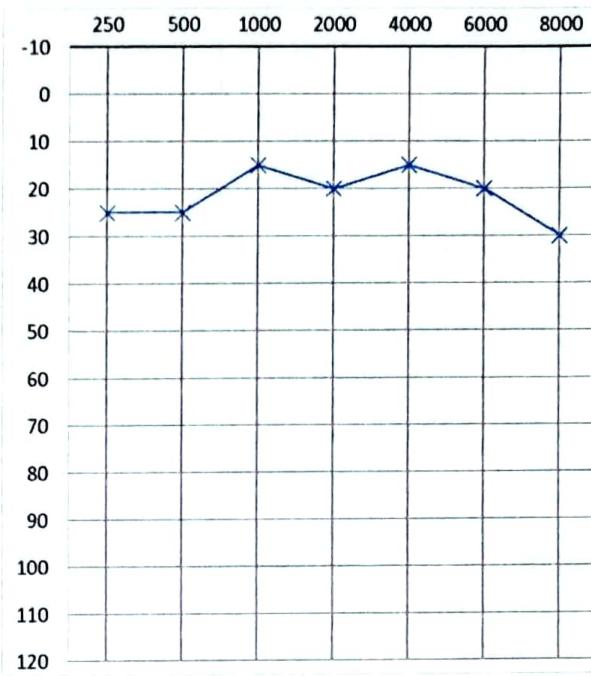
Instrument : Audiometer audiometri

**Tone Audiogram**

**RIGHT - FFI**



**LEFT - FFI**



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
30	20	15	15	15	20	20	16,25

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	25	15	20	15	20	30	18,75

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 :

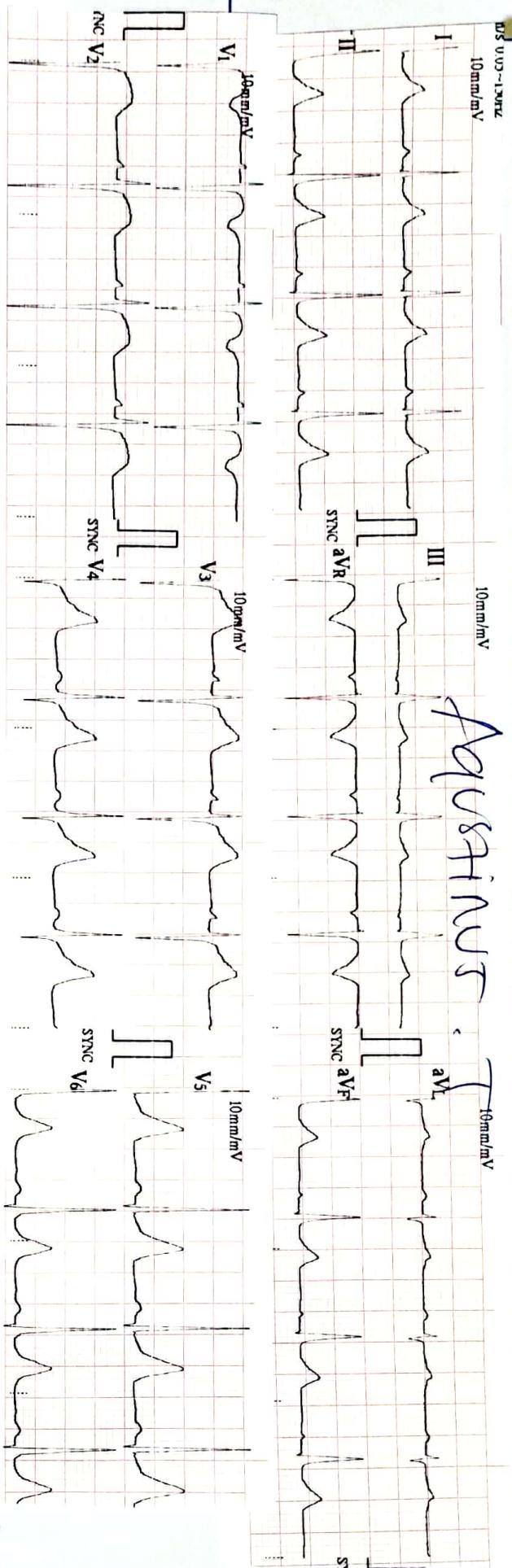
Left Ear :

Conclusion :

dr. KARISMA PRAMESWARI PM, Sp. THT-KL  
14/B 15B/31 72 04 1005 05 005 C 13/1 779 3/e/2021

Examining Physician  
dr Karisma Prameswari Sp.THT-KL

## ELECTROKARDIOGRAM REPORT



$V_6$      $V_5$      $V_4$      $V_3$      $V_2$      $V_1$

V4 V5 V6

9A.5

9A

**PEMERIKSAAN ELECTROKARDIOGRAM**  
**MEDICAL CHECK UP**

NO. MCU : 00.29.64.

TANGGAL PERIKSA : 23 Januari 2004

NAMA : *AHMAD MUHAMMAD*

UMUR : 30

PERUSAHAAN : *PT MM*

KESIMPULAN : Sinus Rr \* / mn† .

Normal.

*Dr. Ismugi, SpJP, FIHA*  
Spesialis Kardiologi dan Elektrokardiogram

dr. ISMUGI SpJP, FIHA  
CARDIOLOGIST

# PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME) REPORT

## 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 International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name in Full : AGUSTINUS TUKIDAL		Sex: Male/Female*
Date of Birth: day/month/year YOGYAKARTA/ AUGUST 26, 1967	Nationality: INDONESIA	Passport/NRIC No.: C 8425361

Declaration of the recognized medical practitioner

	Yes	No
1 Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	
2 Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	
3 Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	
4 Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	
5 Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	
Date of last colour vision test:	<input checked="" type="checkbox"/>	
6 Fit for look out duty?	<input checked="" 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"/>	
8 No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	
If "no" specify limitations or restrictions		
9 Date of examination: (day/month/year)	JANUARY 23, 2024	
10 Expiry of certificate: (day/month/year) <small>** Maximum two years from date of examination unless the seafarer is under the age of 18</small>		

JANUARY 23, 2024



Date

Signature of  
Medical Practitioner

**Dr. PONY NDARUAJI**  
**KLINIK INDOSEHAT 2003**

Eks. Komp. Gaya Motor  
Jl. Isuzu No. 32 RT. 04 RW. 08  
Semper Timur, Cilincing - Jakarta Utara  
Telp. (021) 4411281

Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

## RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name in Full : AGUSTINUS TUKIDAL		Sex: Male / Female
Date of Birth: day/month/year YOGYAKARTA/ AUGUST 26, 1967	Age (as of date of PEME): 57	Place of Birth: YOGYAKARTA/ AUGUST 26, 1967
Type of ID documents: NRIC No. / Passport No. C 8425361:	Dept: Deck / Engine / Catering / others Rank: AB	Type of ship: OIL TANKER
Home Address: NYAMPLUNG LOR RT. 001/007 KEL. BALEBATUR KEC. GAMPING KOTA SLEMAN	Nationality: INDONESIA	Trading area: e.g coastal / world wide

### **Seafarer's Declarations (please tick)**

Have you ever had any of the following conditions?

Yes	No	Yes	No
1. Eye/vision problem	<input checked="" type="checkbox"/>	18. Sleep problem	<input checked="" type="checkbox"/>
2. High blood pressure	<input checked="" type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input checked="" type="checkbox"/>	20. Operation/surgery	<input checked="" type="checkbox"/>
4. Heart Surgery	<input checked="" type="checkbox"/>	21. Epilesy/seizures	<input checked="" type="checkbox"/>
5. Varicose veins/piles	<input checked="" type="checkbox"/>	22. Dizziness/fainting	<input checked="" type="checkbox"/>
6. Asthma/bronchitis	<input checked="" type="checkbox"/>	23. Loss of consciousness	<input checked="" type="checkbox"/>
7. Blood disorder	<input checked="" type="checkbox"/>	24. Psychiatric problems	<input checked="" type="checkbox"/>
8. Diabetes	<input checked="" type="checkbox"/>	25. Depression	<input checked="" type="checkbox"/>
9. Thyroid problem	<input checked="" type="checkbox"/>	26. Attempted suicide	<input checked="" type="checkbox"/>
10. Digestive disorder	<input checked="" type="checkbox"/>	27. Loss of memory	<input checked="" type="checkbox"/>
11. Kidney problem	<input checked="" type="checkbox"/>	28. Balance problem	<input checked="" type="checkbox"/>
12. Skin Problem	<input checked="" type="checkbox"/>	29. Severe headaches	<input checked="" type="checkbox"/>
13. Allergies	<input checked="" type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem	<input checked="" type="checkbox"/>
14. Infectious / contagious diseases	<input checked="" type="checkbox"/>	31. Restricted mobility	<input checked="" type="checkbox"/>
15. Hernia	<input checked="" type="checkbox"/>	32. Back or joint problem	<input checked="" type="checkbox"/>
16. Genital disorder	<input checked="" type="checkbox"/>	33. Amputation	<input checked="" type="checkbox"/>
17. Pregnancy		34. Fracture/dislocations	

If you answer "yes" to any of the above questions, please provide details:

**Additional questions****Yes No**

35. Have you ever been signed off as sick or repatriated from a ship?	<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?	<input checked="" type="checkbox"/>
37. Have you ever been declared unfit for sea duty?	<input checked="" type="checkbox"/>
38. Has your medical certificate even been restricted or revoked?	<input checked="" type="checkbox"/>
39. Are you aware that you have any medical problems, diseases or illnesses?	<input checked="" type="checkbox"/>
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>
41. Are you allergic to any medication?	<input checked="" type="checkbox"/>
42. 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.

JANUARY 23, 2024

Dr. PON Y NDARUAJI  
**KLINIK INI OSILAT 2003**  
Eks. Komplek Gapura Motor  
Jl. Isuzu No. 52 RT. 04 RW. 08  
Semper Timur, Cilincing - Jakarta Utara  
Telp. (021) 4411281

Date

Signature of Seafarer

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

PONY NDARUAJI.

Dr. PON Y NDARUAJI  
**KLINIK INI OSILAT 2003**  
Eks. Komplek Gapura Motor  
Jl. Isuzu No. 52 RT. 04 RW. 08  
Semper Timur, Cilincing - Jakarta Utara  
Telp. (021) 4411281

JANUARY 23, 2024

Date

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

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant 6/6	6/7,5	6/7,5
Near			Near		

### Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

### Colour Vision (please tick)

Not tested     Normal     Doubtful     Defective

### Hearing

Pure tone and audiology (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

### Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

### Clinical Findings

Height	163 (cm)		Weight	70 (kg)	
Pulse rate	85 (per minute)		Rhythm	19	
Blood Pressure	Systolic (mm Hg)	137/84	Diastolic (mm Hg)	84	
Urinalysis:	Glucose : Negative	Protein: Negative	Blood:	Negative	
HIV (Aids) :	Negative	VDRL: Negative			

	<b>Normal</b>	<b>Abnormal</b>
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	
Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	✓	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

**Chest X-ray** \*Applies to all seafarers

Performed on (day/month/year): ..... JANUARY 23, 2024 .....

Results: ..... Kardiomegali.....

**ECG Test** \*Only applies to South Korean seafarers 40 years old and above

Performed on (day/month/year): ..... JANUARY 23, 2024 .....

Not Performed

Results: ..... NORMAL.....

**Other diagnostic test(s) and result(s):**

Test ..... Results: .....

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

**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:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Fit for look out duty | <input type="checkbox"/> Unfit for lookout duty             |
| <input type="checkbox"/> Visual aid required              | <input checked="" type="checkbox"/> Visual aid not required |

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				

- Without restrictions       With restrictions

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

JANUARY 23, 2024

Date



Signature of  
Medical Practitioner

**Dr. PONY NDARUAJI**  
**KLINIK INDOSEHAT 2003**  
Eks. Komp. Gaya Motor  
Jl. Isuzu No. 32 RT. 04 RW. 08  
Semper Timur, Cilincing - Jakarta Utara  
Telp. (021) 4411281

Medical Practitioner's name, licence number, address

**dr. Pony Ndaruaji**

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