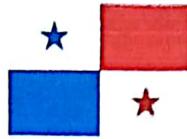




REPÚBLICA DE PANAMÁ
REPUBLIC OF PANAMA
AUTORIDAD MARÍTIMA DE PANAMÁ
PANAMA MARITIME AUTHORITY
CERTIFICADO MÉDICO DE LA GENTE DE MAR
MEDICAL FITNESS STANDARDS CERTIFICATE FOR SEAFARERS



Certificate No.: ALCH-41137-2024

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-I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido Surname:	Nombre Given Name(s): MARZUKI	Cédula / Pasaporte No. Id. Number/Passport No. E 5593458
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 17/09/1981	Nacionalidad: Nationality Indonesia	Sexo: Sex Male
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No		
¿La audición cumple con el estándar? Hearing meets standards?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
¿La agudeza visual cumple con el estándar? Visual acuity meets standards?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
¿La visión cromática cumple con el estándar? Colour vision meets standards?		
Fecha de la última prueba de visión cromática (Año/Mes/Día)? Date of last color vision test 2024-01-13		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
¿Apto para cometidos de vigía? Fit for look out duties?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
¿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?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
¿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?		
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.		Firma de la Gente de Mar Seafarer 's Signature

Date of Issue 2024-02-23	Expiration Date: 2025-02-23	Name of the recognized medical practitioner: Pony Ndaruaji
------------------------------------	---------------------------------------	--



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

- 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.
- En caso de pérdida de este certificado, el titular deberá notificarlo 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.
- 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

COMPANY	: PT. ANDHINI EKAKARYA SEJAHTERA		
MCU NO.	: CLC-00-22-68		
NAME	: MARZUKI		
SEX	: PRIA/MALE DATE EXAMINE : 13 Jan 2024		
PLACE & DATE OF BIRTH	: POMALAA / 17 September 1981 NATIONALITY : INDONESIA		
MAILING ADDRESS OF EXAMINE	: KP BAHARI III/84 RT. 008/004 KEL. TANJUNG PRIOK KEC. TANJUNG PRIOK		
DUTY	OILER	PASSPORT	: E5593456



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	171 cm	80 kg	23.30 kg/m ²	132/88 mmHg	81 X/min	19 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. NEUROLOGICAL 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			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL		OKUMEN INI HUBUNGI			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		Right Ear	Yes	TOTOT RUMEKSO			
• : Filling O : Caries ^ : Root Rest x : Missing V : Prothesia		Left Ear	Yes	HP. 0858 1392 5019			
		NIL					





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : MARZUKI
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : POMALAA / SEPTEMBER 17, 1981
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : OILER



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 dengan Resep Obat.
With Final Result : FIT WITH MEDICINE.

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



MARZUKI



Date Of Examination, January 13, 2024
Expiration Of Validity, January 12, 2025



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.MARZUKI	No. MR	: 002268
MCU No.	: 019/MCUI5/AES/I/24	Age	: 42 Years Old
Date Examination	: JANUARY 13, 2024		

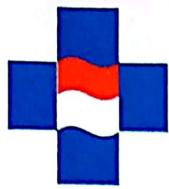
Laboratory Test	Reference Ranges	Result
HAEMATOLOGY		
Haemoglobin	13.0 – 18.0	gr / dl
White Blood Cell Count	5.0 – 10.0	/ ul
ESR	0 - 15	mm / hour
DIFFERENTIAL COUNT		
Eosinophil	0 – 1	%
Basophil	1 – 3	%
Stab	2 – 6	%
Segment	50 – 70	%
Lymphocyte	20 – 40	%
Monocyt	2 – 8	%
Platelet/ Trombosit	150.000-440 .000	
		221
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



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA
Name	: MR.MARZUKI
MCU No.	: 019/MCUI5/AES/I/24
Date Examination	: JANUARY 13, 2024
	Sex : Male
	No. MR : 002268
	Age : 42 Years Old

Laboratory Test	Reference Ranges	Result
URINALYSIS		
Macroscopic		
Spesific Gravity	1,010 – 1,030	1015
Albumin	Negative	Negative
Glucose	Negative	Negative
PH	5	5
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-3
RBC / hpf	1 – 4	0-2
Cast	Negative	Negative
Crystal	Negative	Negative
Bacteria	Negative	Negative
Others	Negative	Negative
SEROLOGY / IMMUNOLOGY		
VDRL	Non Reactive	Non Reactive
Hbs Ag	Non Reactive	Non reactive
HIV	Non Reactive	Non reactive
 <u>dr. Gunawan Eka Putra, Sp.PK</u> Chief Laboratory		



LABORATORY FINDING		
BLOOD TEST	URINALYSYS	
HEMATOLOGY		
HB : 15,6 gr/dl	SPECIFIC GRAFTITY : 1015	
WBC : 5,9	PROTEIN : Negative	
DIFF COUNT : 0,6/2,2/3/50/37,7/12,4	GLUCOSE : Negative	
BLOOD CHEMISTRY		
CHOLESTEROL : 178 mg / dl	MICROSCOPIC :	
TRYGLISERIDES : 181 mg / dl	WBC : 0-3 / hpt	
GDS : mg / dl	RBC : 0-2 / hpt	
SGOT : 27 U/L	CAST : Negative	
SGPT : 34 U/L	CRYSTALS : Negative	
Creatinin : 0,9 mg / dl	BACTERIA : Negative	
SEROLOGY / IMUNOLOGI		
Hbs Ag : Non reaktive		
HIV : Non reaktive		
VDRL : Non Reaktive		
CHEST X-RAY	Report	NORMAL
OTHER DIAGNOSTIC TEST		
ECG : NORMAL		
COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION		
The abovenamed person physically :		
FIT TO BE DUTY ON BOARD SHIP		
<input checked="" type="checkbox"/> FIT <input type="checkbox"/> FIT WITH MINOR CORRECTABLE DEFECT <input type="checkbox"/> HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT <input type="checkbox"/> UNFIT TEMPORARY		
For duties on board ship		
Doctor's Advice		
HEALTH CERTIFICATE No. : 019/MCUIS/AES/I/24		
THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :		
MR. MARZUKI AGE 42 YEARS		
HE IS FOUND TO BE <u>FIT</u> FOR DUTY AS : OILER		
ISSUED AT JAKARTA		
DATE JANUARY 13, 2024		
VALID UNTIL JANUARY 13, 2025		
 dr. PONY NDARUAJI Chief Physician		



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 019/MCUIS/AES/I/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : JANUARY 13, 2024

This is to certify that

Name	: MR. MARZUKI
Sex	: Male
Place/Date Of Birth	: POMALAA/ SEPTEMBER 17, 1981
Age	: 42 Years Old
Rank	: OILER

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

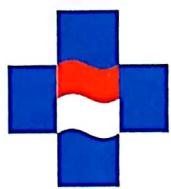
1. Amphetamine	:	Negative	6.Cocaine	:	Negative
2. Methamphetamine	:	Negative	7.Marijuana/Cannabinoids	:	Negative
3. Opiate/Morphine	:	Negative	8.Barbiturate	:	Negative
4. Phencyclidine	:	Negative	9.Benzodiazepine	:	Negative
5. Codeine	:	Negative	10.Alcohol	:	Negative

Note
N/E : Not Examine

JAKARTA, JANUARY 13, 2024



dr. PONY NDARUAJI
Medical Review Officer



DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. MARZUKI
Age : 42 Years Old

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

Jakarta, JANUARY 13, 2024



Dentist



DENTAL CHECK UP REPORT

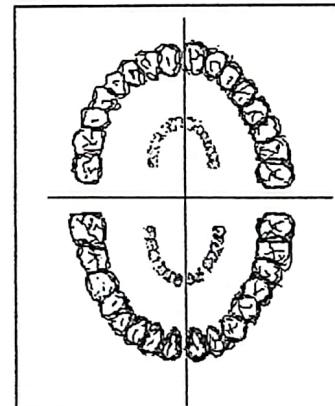
MCU No. : 019/MCUIS/AES/I/24
Date : JANUARY 13, 2024
Name of Crew : MR. MARZUKI
Age : 42 Years Old

Company/Shiping Co.:

CHIEF COMPLAINT :

FINDINGS :

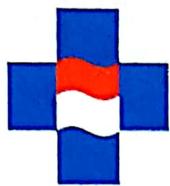
1. Teeth Missing :
2. Carious Teeth :
3. Periodontally involved teeth :
4. Others :



ADVISED :

Jakarta, JANUARY 13, 2024





Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. MARZUKI
No Client : 002268
MCU No. : 019/MCUIS/AES/I/24
Sex : Male
Age : 42 Years Old

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

Jakarta, JANUARY 13, 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

Nama Pasien : MR. MARZUKI..... Pengirim : PT. ANDHINI EKAKARYA SEJAHTER

Umur / No. Foto : 42 TH / 002268..... Rontgen : THORAX AP.....

Tanggal Rontgen : JANUARY 13, 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.
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

Tanda tangan :

Radiolog / Assisten :

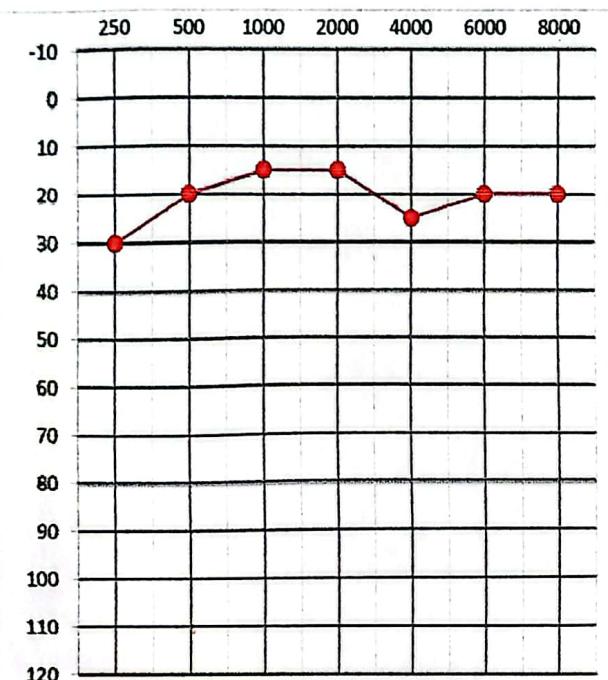
PATIENT DATA

<u>Company</u>	:	ANDHINI
<u>Name</u>	:	MARZUKI
<u>Age</u>	:	42 YO
<u>No</u>	:	00-22-68

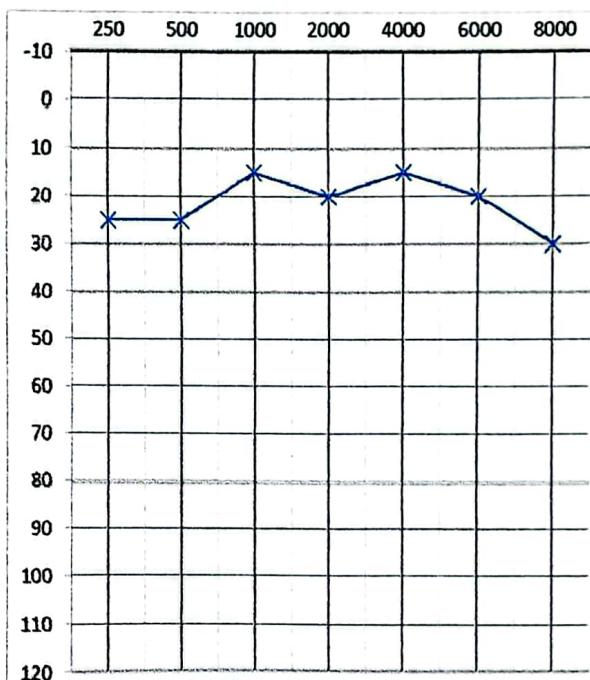
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FFI



LEFT - FFI



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

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 : Ambang dengar normal 18,75 dB

Left Ear : Ambang dengar normal 18,75 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM, Sp. THT-KL
14/8/1980/31.12.04.1005.05.005 C 13111193 e/2021

Examining Physician
dr Karisma Prameswari Sp.THT-KL

ELECTROKARDIOGRAM REPORT

150.5~100Hz

100

19 मार्च

十一

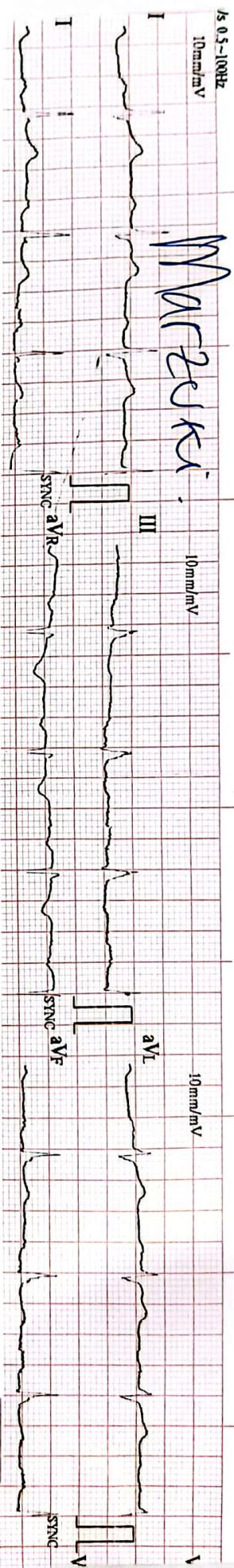
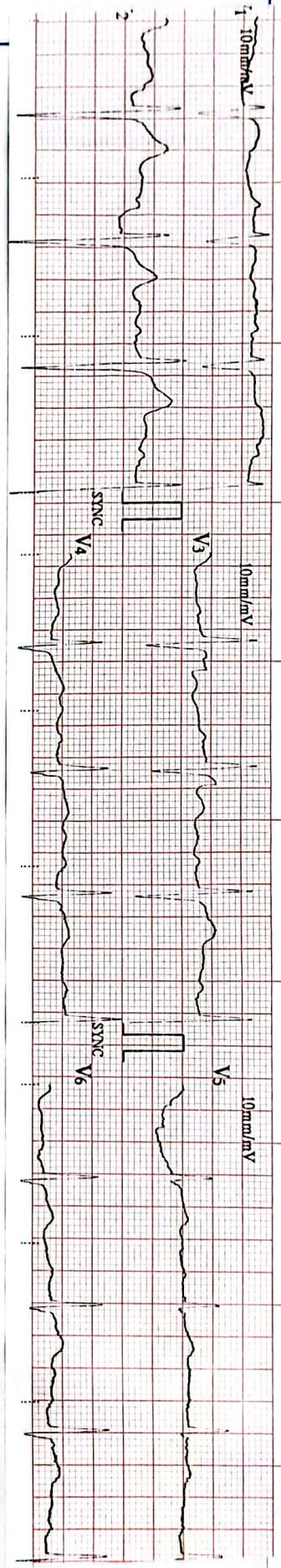
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1

1

二

10



IV

12

3

91

1

41

**PEMERIKSAAN ELECTROKARDIOGRAM
MEDICAL CHECK UP**

NO. MCU : 00.22 - 68.

TANGGAL PERIKSA : 13 Januari 2024.

NAMA : Marfeki

UMUR : 42

PERUSAHAAN : Admri

KESIMPULAN : Sinus ↑ & × / min
Normal


Dr. Ismugi, SpJP-FIHA
Spesialis Kardiologis Dalam Negeri
(Certi. No. 123456789)

dr. ISMUGI SpJP, FIHA
CARDIOLOGIST