



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-39354-2024

Este certificado se emite en conformidad con las disposiciones de la regla I/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 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.

Apellido Surname:	Nombre Given Name(s): ARDIANA	Cédula / Pasaporte No. Id. Number/Passport No. E 5594437
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 16/02/1987	Nacionalidad: Nationality Indonesia	Sexo: Sex Male
		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 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? Colour vision meets standards?		<input checked="" type="checkbox"/> <input type="checkbox"/>
Fecha de la última prueba de visión cromática (Año/Mes/Día)? Date of last color vision test		2024-01-19
¿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?		<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 persons 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

Date of Issue 2024-01-20
Expiration Date: 2026-01-20
Name of the recognized medical practitioner: Pony Ndaruaji



Firma y sello del médico 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 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.
- 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-00-23-87		
NAME	: ARDIANA		
SEX	: PRIA/MALE	DATE EXAMINE : 19 Jan 2024	
PLACE & DATE OF BIRTH	: TASIKMALAYA / 16 February 1987	NATIONALITY : INDONESIA	
MAILING ADDRESS OF EXAMINEE	: BANTAR RT 002/014, KEL. BANTARSARI KEC. BUNGURSARI-KOTA TASIKMALAYA		
DUTY	: OILER	PASSPORT : E 5594437	

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	163 cm	82 kg	30.00 kg/m ²	127/77 mmHg	73 X/min	19 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No						
4. BLOOD DISORDER	No	VISION	WITHOUT	WITH	COLOR VISION (ISHIHARA'S METHOD)		
5. BALANCE PROBLEM	No	Right Eye	6/7,5		NORMAL		
6. BACK OR JOINT PROBLEM	No	Left Eye	6/7,5				
7. COLOUR BLINDNESS	No	Both Eye	6/7,5				
8. CANCER	No	GENERAL APPEARANCE					
9. DIABETES	No	LOOKING HEALTHY					
10. DIGESTIVE DISORDER	No	NORMAL 1. EYES Yes 2. EARS Yes 3. NOSE Yes 4. MOUTH Yes 5. THROAT Yes 6. NECK Yes 7. THROID Yes 8. LYMPH NODE Yes 9. LUNGS Yes 10. HEARTS Yes 11. ABDOMEN Yes 12. UROGENITAL SYSTEM Yes 13. UPPER EXTREMITIES Yes 14. LOWER EXTREMITIES Yes 15. BACK ABNORMALITY Yes 16. HERNIA Yes 17. CENTRAL NERVOUS SYSTEM Yes 18. SKIN & NAILS Yes 19. SPEECH Yes 20. OTHERS Yes					
11. DEPRESSION	No						
12. EPILEPSY	No						
13. EYE / VISION PROBLEM	No						
14. EAR PROBLEM	No						
15. FRACTURE	No						
16. GENITAL DISORDER	No						
17. HEART SURGERY	No						
18. HEART DISEASE	No						
19. HIGH BLOOD PRESSURE	No						
20. HERNIA	No						
21. INFECTIOUS DISEASE	No						
22. KIDNEY PROBLEM	No						
23. LUNG DISEASE	No						
24. LIVER PROBLEM	No						
25. LOST OF MEMORY	No						
26. NARCOTIC HISTORY	No						
27. NEUROLOGICAL DISEASE	No						
28. OPERATION / SURGERY	No						
29. PSYCHIATRIC PROBLEM	No						
30. RESTRICTED MOBILITY	No						
31. SKIN PROBLEM	No						
32. SLEEP PROBLEM	No						
33. THYROID PROBLEM	No						
34. TUBERCULOSIS	No						
35. SMOKING	No						
DENTAL EXAMINATION		HEARING		If abnormal, please attach DOKUMEN INI HUBUNGI			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL		 TOTOT RUMEKSO HP. 0858 1392 5019			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		Right Ear Yes					
* : Filling O : Caries ^ : Root Rest x : Missing V : Prothesa		Left Ear Yes					



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama : ARDIANA
Name
Jenis Kelamin : PRIA/MALE
Gender/Sex
Tempat / Tanggal Lahir : TASIKMALAYA / FEBRUARY 16, 1987
Place / Date Of Birth
Perusahaan : PT. ANDHINI EKAKARYA SEJAHTERA
Company
Jabatan : OILER
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.

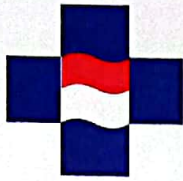


ARDIANA

Jakarta, 18 January 2024

dr. Rony Barujaji
Examination

Date Of Examination, January 19, 2024
Expiration Of Validity, January 18, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. ARDIANA	No. MR	: 002387
MCU No.	: 023/MCUIIS/AES/I/24	Age	: 37 Years Old
Date Examination	: JANUARY 19, 2024		

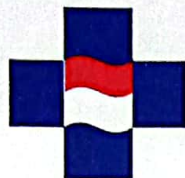
Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	16,1
White Blood Cell Count	5.0 – 10.0	/ ul	6
ESR	0 - 15	mm / hour	6
DIFFERENTIAL COUNT			
Eosinophil	0 – 1	%	0,5
Basophil	1 – 3	%	6
Stab	2 – 6	%	6
Segment	50 – 70	%	62
Lymphocyte	20 – 40	%	32,1
Monocyt	2 – 8	%	5,5
Platelet/ Trombosit	150.000-440 .000		225

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	90
Blood Sugar 2 PP	60-140	mg/ dl	104
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	198
Triglyseride	< 200	mg / dl	175
SGOT	< 35	U / L	26
SGPT	< 45	U / L	33
Creatinin	0,7 – 1,4	mg / dl	0,7
Ureum	15 – 45	mg / dl	20
Fosfatase Alkali	30-120	mg/ dl	46
GGT	< 49	g/ml	46
BIL TOTAL	0,2-1,0	mg/dl	0,7
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. ARDIANA	No. MR	: 002387
MCU No.	: 023/MCUIS/AES/I/24	Age	: 37 Years Old
Date Examination	: JANUARY 19, 2024		

Laboratory Test	Reference Ranges	Result
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URINALYSIS

Macroscopic

Specific 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	0-2
RBC / hpf	1 – 4	0-2
Cast	Negative	Negative
Crystal	Negative	Negative
Bacteria	Negative	Negative
Others	Negative	Negative

SEROLOGY / IMMUNOLOGY

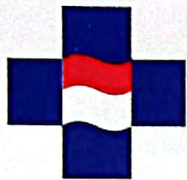
VDRL	Non Reaktive	Non Reaktive
Hbs Ag	Non Reaktive	Non reaktive
HIV	Non Reaktive	Non reaktive


dr. Gunawan Eka Putra, Sp.PK
Chief Laboratory



LABORATORY FINDING	
BLOOD TEST	URINALYSIS
<p>HEMATOLOGY</p> <p>HB : 16,1 gr/dl WBC : 8,9 DIFF COUNT : 0,5/2,8/6/62/32,1/5,5</p> <p>BLOOD CHEMISTRY</p> <p>CHOLESTEROL : 198 mg / dl TRYGLISERIDES : 175 mg / dl</p> <p>GDS : mg / dl SGOT : 26 U/L SGPT : 33 U/L Creatinin : 0,7 mg / dl</p> <p>SEROLOGY / IMUNOLOGI</p> <p>Hbs Ag : Non reaktif HIV : Non reaktif VDRL : Non Reaktif</p>	
<p>SPECIFIC GRAVITY : 1015 PROTEIN : Negative GLUCOSE : Negative</p> <p>MICROSCOPIC : WBC : 0-2 / hpt RBC : 0-2 / hpt CAST : Negative CRYSTALS : Negative BACTERIA : Negative</p>	
CHEST X-RAY	Report NORMAL
<p>OTHER DIAGNOSTIC TEST ECG : NORMAL</p>	
<p>COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION The abovenamed person physically :</p> <p><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</p> <p>For duties on board ship Doctor's Advice</p>	
<p>HEALTH CERTIFICATE No. : 023/MCUIS/AES/1/24</p> <p>THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO : MR. ARDIANA AGE 37 YEARS</p> <p>HE IS FOUND TO BE FIT FOR DUTY AS : OILER ISSUED AT JAKARTA DATE JANUARY 19, 2024 VALID UNTIL JANUARY 19, 2026</p>	
<p>dr. PONY NDARUAJI Chief Physician</p>	





CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 023/MCUIIS/AES/I/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : JANUARY 19, 2024

This is to certify that

Name : MR. ARDIANA
Sex : Male
Place/Date Of Birth : TASIKMALAYA/ FEBRUARY 16, 1987
Age : 37 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 19, 2024



dr. PONY NDARUAJI
Medical Review Officer



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. ARDIANA
Age : 37 Years Old

And was found him / her dentally FIT.

Jakarta, 10 JANUARY 2024



(Drg. Triana)

Dentist




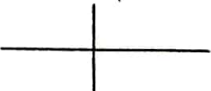
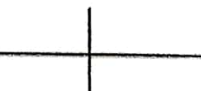

DENTAL CHECK UP REPORT

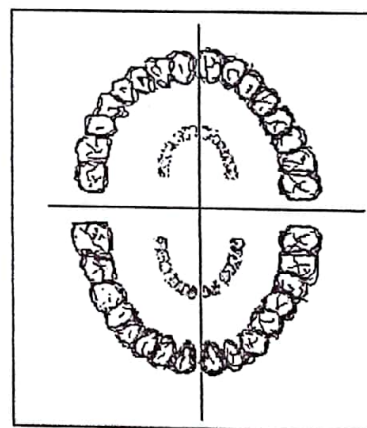
MCU No. : 023/MCUIS/AES/I/24
Date : JANUARY 19, 2024
Name of Crew : MR. ARDIANA
Age : 37 Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

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



ADVISED :

Jakarta, JANUARY 19, 2024

()
Drg. Taruna
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. ARDIANA
No Client : 002387
MCU No. : 023/MCUIIS/AES/I/24
Sex : Male
Age : 37 Years Old

HIV	Negative
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Jakarta, JANUARY 19, 2024

Examiner



dr. PONY NDARU AJI
Medical Review Officer

Laboratory Analyst



KLINIK UTAMA INDOSEHAT 2003 MEDICAL CENTRE

Ex. Komp. Gaya Motor
Jl. Isuzu No. 32 Sempur Timur, Cilincing, Jakarta Utara 14130
Telp. (021) 4411281 Fax. (021) 4411281 Email : indosehat2003@hotmail.com

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

Umur / No. Foto : 37 TH / 002387 Rontgen : THORAX AP

Tanggal Rontgen : JANUARY 19, 2024

Yth. Ts.

CHEST C-RAY POSTEROANTERIOR PROJECTION :

No sign of heart enlargement
Normal bronchovascular pattern
No sign of infiltrate of 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

15031.72.04.1005.05.005.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 :

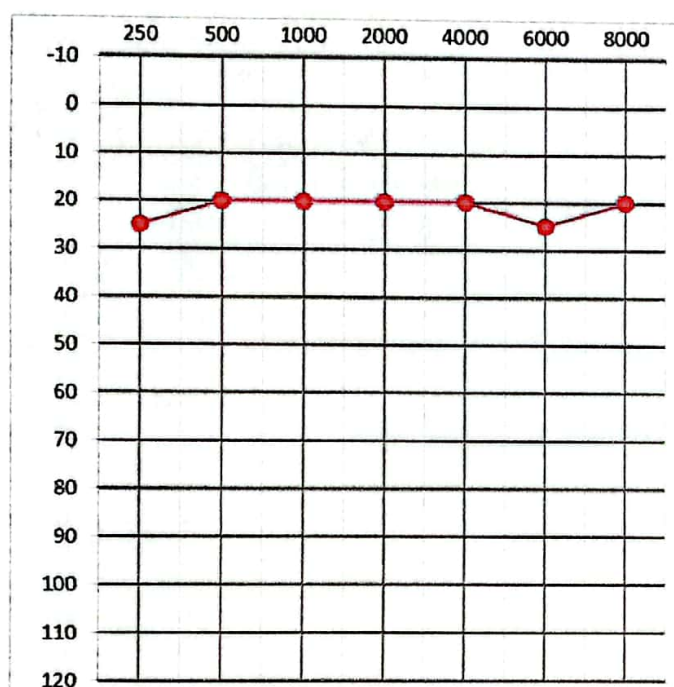
PATIENT DATA

Company : PT. ANDHINI EKAKARYA SEJAHTERA
 Name : ARDIANA
 Age : 36 YO
 No : 00-23-87

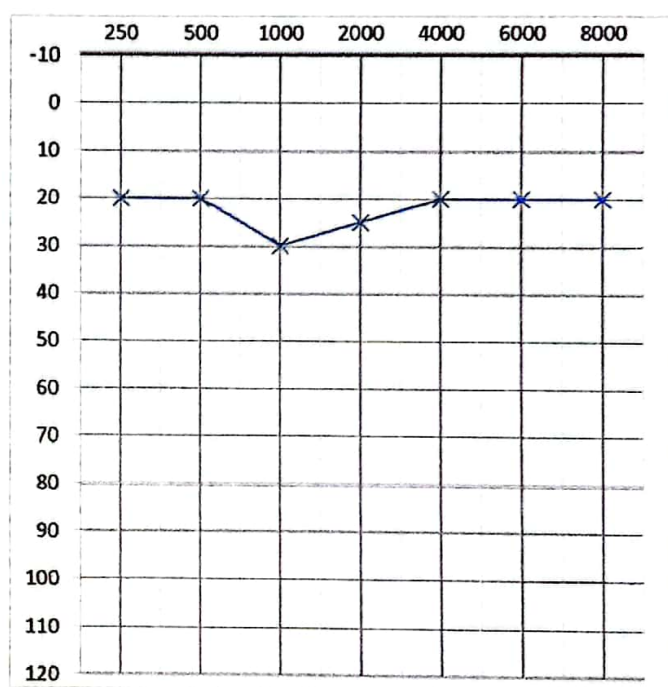
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



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

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
20	20	30	25	20	20	20	23,75

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 :

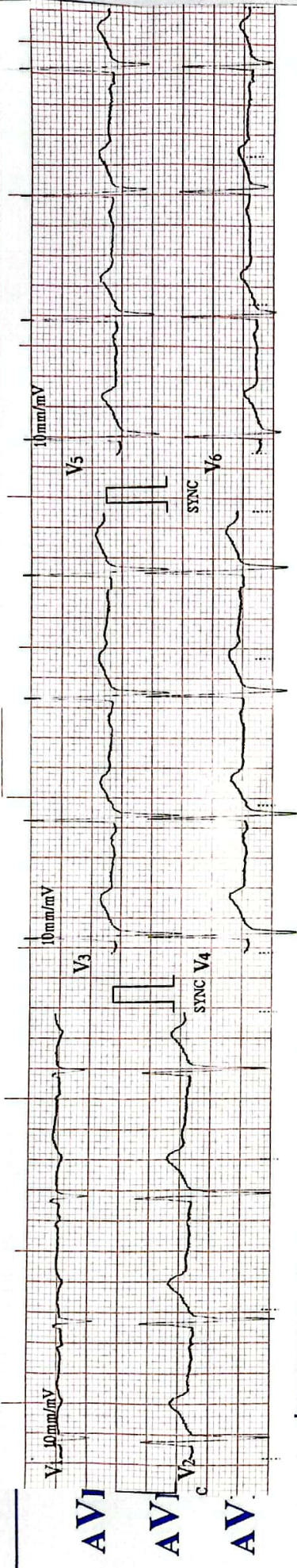
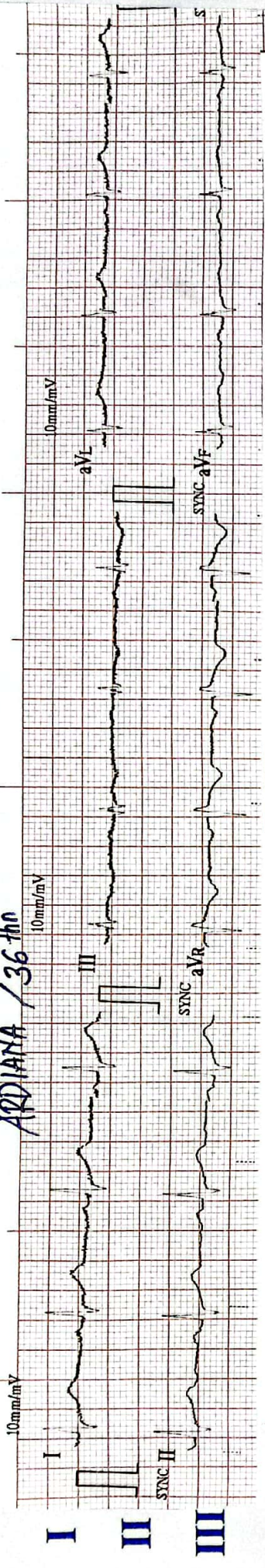
dr. KARISMA PRAMESWARI PM, Sp. THT-KL
 14 9 15B131 72 04.1005.05 C05 C 1/21-1 773 3/2/2021

Examining Phycisian
 dr Karisma Prameswari Sp.THT-KL

ELECTROCARDIOGRAM REPORT

25mm/s 1.5-100Hz

ARDIANA / 36th



V1

V2

V3

V4

V5

V6

PEMERIKSAAN ELECTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU : 06.23.87

TANGGAL PERIKSA : 19 / 01 / 2024

NAMA : ARDIANA

UMUR : 36 thn

PERUSAHAAN : Pt. Andhni Eka Karya Segaharta

KESIMPULAN : Sinus 72 x/mnt
Normal

Dr. Ismugil, SpJP-FIHA
SANGGUP MENDIAGNOSTIKASI DAN
TERAPI

Dr. ISMUGI SpJP, FIHA
CARDIOLOGIST