



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-45457-2024

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: PACSINDRA	Nombre Given Name(s): AFRIHAN BUDI	Cédula / Pasaporte No. Id. Number/Passport No. X 2842186
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 29/04/1992	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		2024-05-13
¿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-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 2024-05-20
Expiration Date: 2026-05-20
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 : 101B 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 debería 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.



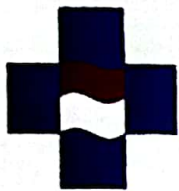


MEDICAL EXAMINATION REPORT

COMPANY	: PT. ANDHINI EKAKARYA SEJAHTERA		
MCU NO.	: CLC-00-47-13		
NAME	: AFRILIAN BUDI PACSINDRA		
SEX	: PRIA/MALE		DATE EXAMINE : 13 May 2024
PLACE & DATE OF BIRTH	: SANGGAU / 29 April 1992		NATIONALITY : INDONESIA
MAILING ADDRESS OF EXAMINE	: DSN KAUMAN RT. 002/001 KEL. JATIREJO KEC. SURUH KOTA SEMARANG		
DUTY	: AB	PASSPORT : X2842186	

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	172 cm	64 kg	21.00 kg/m ²	120/70 mmHg	79 X/min	18 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No	VISION	WITHOUT	WITH	COLOR VISION (ISHIHARA'S METHOD)		
4. BLOOD DISORDER	No	Right Eye		6/6	NORMAL		
5. BALANCE PROBLEM	No	Left Eye		6/6			
6. BACK OR JOINT PROBLEM	No	Both Eye		6/6			
7. COLOUR BLINDNESS	No	GENERAL APPEARANCE					
8. CANCER	No	LOOKING HEALTHY					
9. DIABETES	No	NORMAL 1. EYES Yes 2. EARS Yes 3. NOSE Yes 4. MOUTH Yes 5. THROAT Yes 6. NECK Yes 7. THROID Yes 8. LYMP 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					
10. DIGESTIVE DISORDER	No						
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, give details			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL		KEASLIAN DOKUMEN INI HUBUNGI 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
Name : AFRILIAN BUDI PACSINDRA
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : SANGGAU / APRIL 29, 1992
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : AB



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.

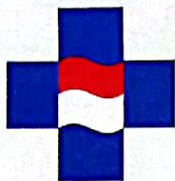
Demikian surat keterangan ini kami sampaikan untuk dapat dipergunakan sebagaimana mestinya.
I hope this letter will be found useful where necess.



AFRILIAN BUDI PACSINDRA



Date Of Examination, May 13, 2024
Expiration Of Validity, May 13, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.AFRILIAN BUDI PACSINDRA	No. MR	: 004713
MCU No.	: 011/MCUIIS/AES/V/24	Age	: 32 Years Old
Date Examination	: MAY 13, 2024		

Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	15,5
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	%	5
Stab	2 – 6	%	5
Segment	50 – 70	%	73
Lymphocyte	20 – 40	%	19,6
Monocyt	2 – 8	%	7
Platelet/ Trombosit	150.000-440 .000		150

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	99
Blood Sugar 2 PP	60-140	mg/ dl	120
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	166
Triglyseride	< 200	mg / dl	142
SGOT	< 35	U / L	25
SGPT	< 45	U / L	30
Creatinin	0,7 – 1,4	mg / dl	0,8
Ureum	15 – 45	mg / dl	28
Fosfatase Alkali	30-120	mg/ dl	62
GGT	< 49	g/ml	26
BIL TOTAL	0,2-1,0	mg/dl	0,9
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. AFRILIAN BUDI PACSINDRA	No. MR	: 004713
MCU No.	: 011/MCUIS/AES/V/24	Age	: 32 Years Old
Date Examination	: MAY 13, 2024		

Laboratory Test	Reference Ranges	Result
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URINALYSIS

Macroscopic

Specific Gravity	1,010 – 1,030	1025
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		6

Microscopic

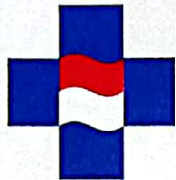
Sediment


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 Reaktif	Non Reaktif
Hbs Ag	Non Reaktif	Non reaktif
HIV	Non Reaktif	Non reaktif

dr. Gunawan Eka Putra, Sp.PK
Chief Laboratory



LABORATORY FINDING	
BLOOD TEST	URINALYSYS
HEMATOLOGY	SPECIFIC GRAVITY : 1025
HB : 15,5 gr/dl	PROTEIN : Negative
WBC : 6,7	GLUCOSE : Negative
DIFF COUNT : 0,5/1,3/5/7/3/19,6/7	
BLOOD CHEMISTRY	MICROSCOPIC :
CHOLESTEROL : 166 mg / dl	WBC : 0-2 / hpt
TRYGLISERIDES : 142 mg / dl	RBC : 0-2 / hpt
	CAST : Negative
	CRYSTALS : Negative
	BACTERIA : Negative
GDS : mg / dl	
SGOT : 25 U/L	
SGPT : 30 U/L	
Creatinin : 0,8 mg / dl	
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 :	
<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	
FIT TO BE DUTY ON BOARD SHIP	
HEALTH CERTIFICATE	
No. : 011/MCUI/AES/V/24	
THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :	
MR. AFRILIAN BUDI PACSINDRA	
AGE 32 YEARS	
HE IS FOUND TO BE FIT FOR DUTY AS : AB	
ISSUED AT JAKARTA	
DATE MAY 13, 2024	
VALID UNTIL MAY 13, 2026	
	
dr. RONY NDARUAJI	
Chief Physician	



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 011/MCUIS/AES/V/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : MAY 13, 2024

This is to certify that

Name : MR. AFRILIAN BUDI PACSINDRA
Sex : Male
Place/Date Of Birth : SANGGAU/ APRIL 29, 1992
Age : 32 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, MAY 13, 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. AFRILIAN BUDI PACSINDRA
Age : 32 Years Old

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

Jakarta, MAY 13, 2024

()
Drg. Triana
Dentist



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL CHECK UP REPORT

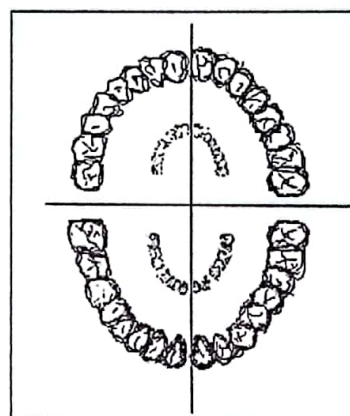
MCU No. : 011/MCUIS/AES/V/24
Date : MAY 13, 2024
Name of Crew : MR. AFRILIAN BUDI PACSINDRA
Age : 32 Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

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



ADVISED :

Jakarta, MAY 13, 2024





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. AFRILIAN BUDI PACSINDRA
No Client : 004713
MCU No. : 011/MCUIS/AES/V/24
Sex : Male
Age : 32 Years Old

HIV	Negative
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Jakarta, MAY 13, 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. AFRILIAN BUDI PACSINDRA Pengirim : PT. ANDHINI EKAKARYA SEJAHTER
Umur / No. Foto : 32 TH / 004713 Rontgen : THORAX AP
Tanggal Rontgen : MAY 13, 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

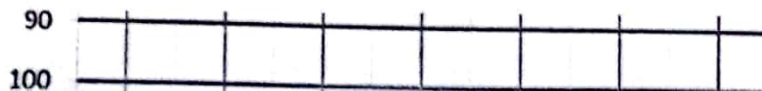
Conclusion : No sign of abnormality in chest X-ray

dr. ROSALINA, Sp. Rad.
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 :



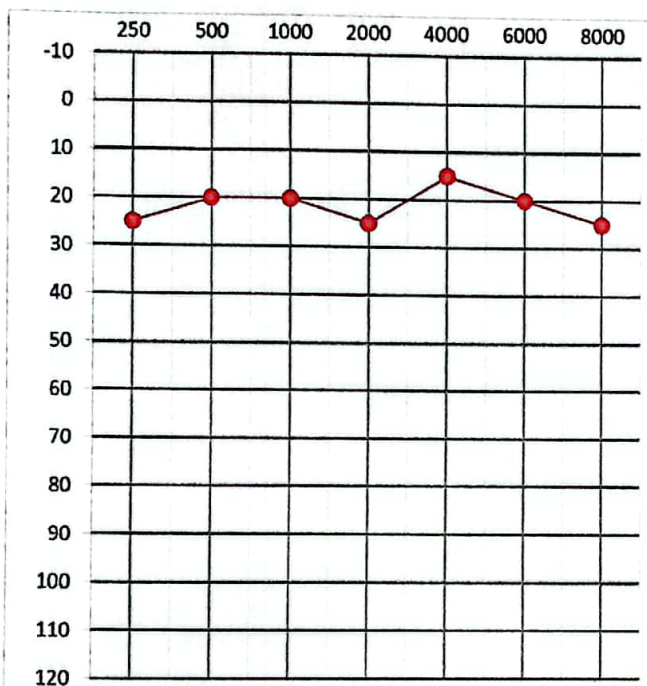
PATIENT DATA

Company : ANDHINI
 Name : AFRILIAN BUDI P
 Age : 32 YO
 No : 00-47-13

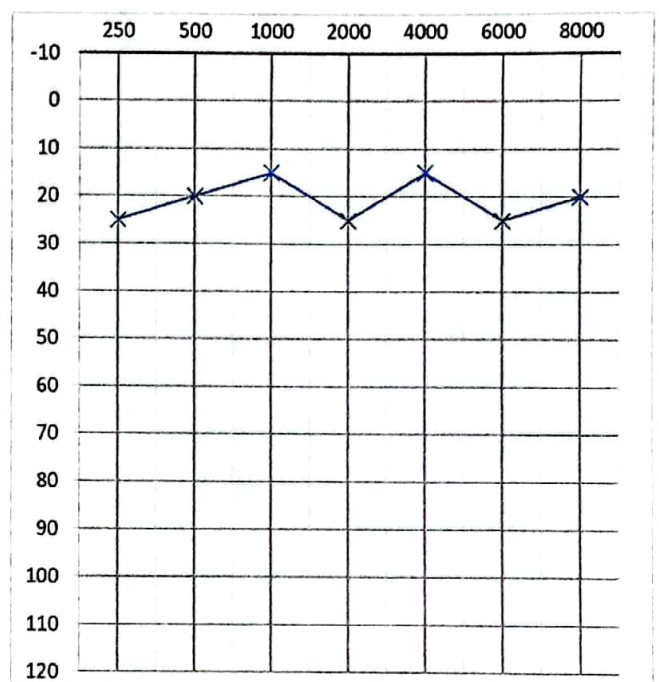
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



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

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

Left Ear : Ambang dengar normal 18,75 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr KARISMA
 1418 1153 1111 1111 1111 1111 1111 1111

Examining Physician
 dr Karisma Prameswari Sp.THT-KL

**PEMERIKSAAN ELEKTROKARDIOGRAM
MEDICAL CHECK UP**

NO. MCU	:	00 47 - 13
TANGGAL PERIKSA	:	13/05/2024
NAMA	:	Aprian badi Palsindra
UMUR	:	32th
PERUSAHAAN	:	Andhini
KESIMPULAN	:	Sinus 86 x / mnt Normal



dr. ISMUGI SpJP, FIHA
CARDIOLOGIST