



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-40358-2024

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 GCM, 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: MAULANA	Nombre Given Name(s): IMAM	Cédula / Pasaporte No. Id, Number/Passport No. C 7447289
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 24/05/1993	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		2024-01-07
¿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 2024-02-07
Expiration Date: 2026-02-07
Name of the recognized medical practitioner: Pony Ndarujai



Firma y sello del médico reconocido/Signature and Stamp of the recognized medical practitioner
Dr. Pony Ndarujai
SIP No: 101B.15A/31.72.04.1005.9.K-3/4-1.779.3

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.





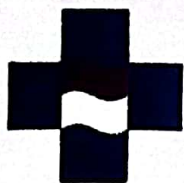
MEDICAL EXAMINATION REPORT

COMPANY : PT. ANDHINI EKAKARYA SEJAHTERA
MCU NO. : CLC-00-28-30
NAME : IMAM MAULANA
SEX : PRIA/MALE **DATE EXAMINE** : 07 Feb 2024
PLACE & DATE OF BIRTH : BOGOR / 24 May 1993 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINE : BOJONG RT. 003/002 KEL. PAMOYANAN KEC. BOGOR SELATAN
DUTY : OS **PASSPORT** : C7447289



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	169 cm	79 kg	27.00 kg/m ²	128/82 mmHg	65 X/min	18 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No						
4. BLOOD DISORDER	No	VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)		
5. BALANCE PROBLEM	No	Right Eye		6/6	NORMAL		
6. BACK OR JOINT PROBLEM	No	Left Eye		6/6			
7. COLOUR BLINDNESS	No	Both Eye		6/6			
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. 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					
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		KEASTAN DOKUMEN INI			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		Right Ear Yes		HUBUNGI			
* : Filling O : Caries ^ : Root Rest		Left Ear Yes		TOTOT RUMESKO			
x : Missing V : Prothesa				HP. 0858 1392 5019			





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN **TO WHOM IT MAY CONCERN**

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : IMAM MAULANA
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : BOGOR / MAY 24, 1993
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : OS



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.



IMAM MAULANA

Jakarta, 07 February 2024


dr. Rony Ndaruaji
Examination

Date Of Examination, February 07, 2024
Expiration Of Validity, February 06, 2026

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

Website [https : //www.indosehat2003.com](https://www.indosehat2003.com)



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.IMAM MAULANA	No. MR	: 002830
MCU No.	: 007/MCUIIS/AES/II/24	Age	: 30 Years Old
Date Examination	: FEBRUARY 07, 2024		

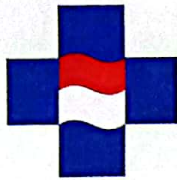
Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	16,8
White Blood Cell Count	5.0 – 10.0	/ ul	7
ESR	0 - 15	mm / hour	7
DIFFERENTIAL COUNT			
Eosinophil	0 – 1	%	0,5
Basophil	1 – 3	%	6
Stab	2 – 6	%	6
Segment	50 – 70	%	66
Limphocyte	20 – 40	%	27
Monocyt	2 – 8	%	6,5
Platelet/ Trombosit	150.000-440 .000		212

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	88
Blood Sugar 2 PP	60-140	mg/ dl	114
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	171
Triglyseride	< 200	mg / dl	166
SGOT	< 35	U / L	29
SGPT	< 45	U / L	34
Creatinin	0,7 – 1,4	mg / dl	0,9
Ureum	15 – 45	mg / dl	28
Fosfatase Alkali	30-120	mg/ dl	71
GGT	< 49	g/ml	22
BIL TOTAL	0,2-1,0	mg/dl	0,8
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. IMAM MAULANA	No. MR	: 002830
MCU No.	: 007/MCUIS/AES/II/24	Age	: 30 Years Old
Date Examination	: FEBRUARY 07, 2024		

Laboratory Test	Reference Ranges	Result
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URINALYSIS

Macroscopic

Specific Gravity	1,010 – 1,030	1020
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	0-1
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

URINALYSIS

HEMATOLOGY

HB : 16,8 gr/dl
WBC : 8,6
DIFF COUNT : 0,5/2,3/6/66/27/6,5

SPECIFIC GRAVITY : 1020
PROTEIN : Negative
GLUCOSE : Negative

BLOOD CHEMISTRY

CHOLESTEROL : 171 mg / dl
TRYGLISERIDES : 166 mg / dl

MICROSCOPIC :

WBC : 0-3 /hpt
RBC : 0-1 /hpt
CAST : Negative
CRYSTALS : Negative
BACTERIA : Negative

GDS : mg / dl
SGOT : 29 U/L
SGPT : 34 U/L
Creatinin : 0,9 mg / dl

SEROLOGY / IMUNOLOGI

Hbs Ag : Non reaktif
HIV : Non reaktif
VDRL : Non Reaktif

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

☒ **FIT**

☐ **FIT WITH MINOR CORRECTABLE DEFECT**

☐ **HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT**

☐ **UNFIT TEMPORARY**

For duties on board ship

Doctor's Advice

HEALTH CERTIFICATE

No. : 007/MCUIS/AES/II/24

THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :
MR. IMAM MAULANA AGE 30 YEARS

HE IS FOUND TO BE FIT FOR DUTY AS : OS

ISSUED AT JAKARTA

DATE FEBRUARY 07, 2024

VALID UNTIL FEBRUARY 07, 2026



dr. PONY NDARUAJI
Chief Physician



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 007/MCUIIS/AES/II/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : FEBRUARY 07, 2024

This is to certify that

Name : MR. IMAM MAULANA
Sex : Male
Place/Date Of Birth : BOGOR/ MAY 24, 1993
Age : 30 Years Old
Rank : OS

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, FEBRUARY 07, 2024


dr. PONY NDARU AJI
Medical Review Officer



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. IMAM MAULANA
Age : 30 Years Old

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

Jakarta, FEBRUARY 07, 2024

()
Drg. Triana
Dentist



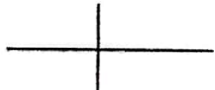



DENTAL CHECK UP REPORT

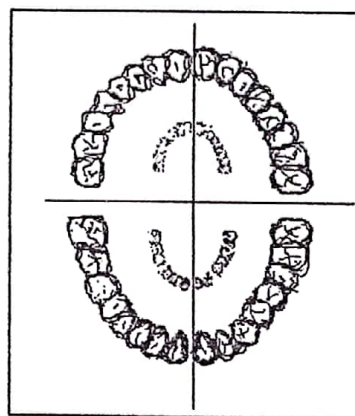
MCU No. : 007/MCUIIS/AES/II/24
Date : FEBRUARY 07, 2024
Name of Crew : MR. IMAM MAULANA
Age : 30 Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

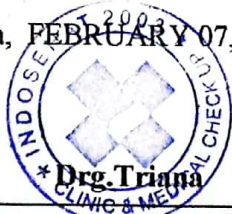
FINDINGS :

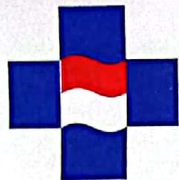
1. Teeth Missing : 
2. Carious Teeth : 
3. Periodontally involved teeth : 
4. Others : 



ADVISED :

Jakarta, FEBRUARY 07, 2024

()
* Drg. Triana
CLINIC & MEDICAL CHECK-UP



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. IMAM MAULANA
No Client : 002830
MCU No. : 007/MCUIS/AES/II/24
Sex : Male
Age : 30 Years Old

HIV	Negative
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Jakarta, FEBRUARY 07, 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. IMAM MAULANA** Pengirim : **PT. ANDHINI EKAKARYA SEJAHTER**
Umur / No. Foto : **30 TH / 002830** Rontgen : **THORAX AP**
Tanggal Rontgen : **FEBRUARY 07, 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 :

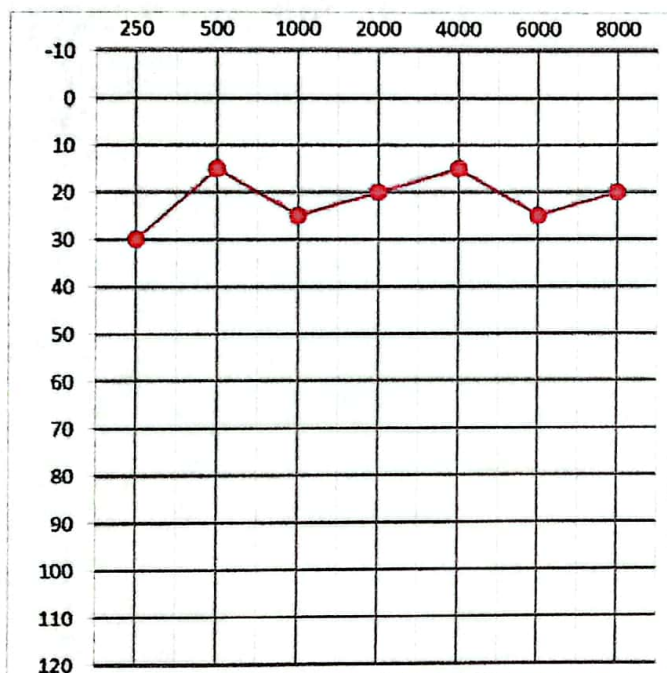
PATIENT DATA

Company : ANDHINI
 Name : IMAM MAULANA
 Age : 30 YO
 No : 00-28-30

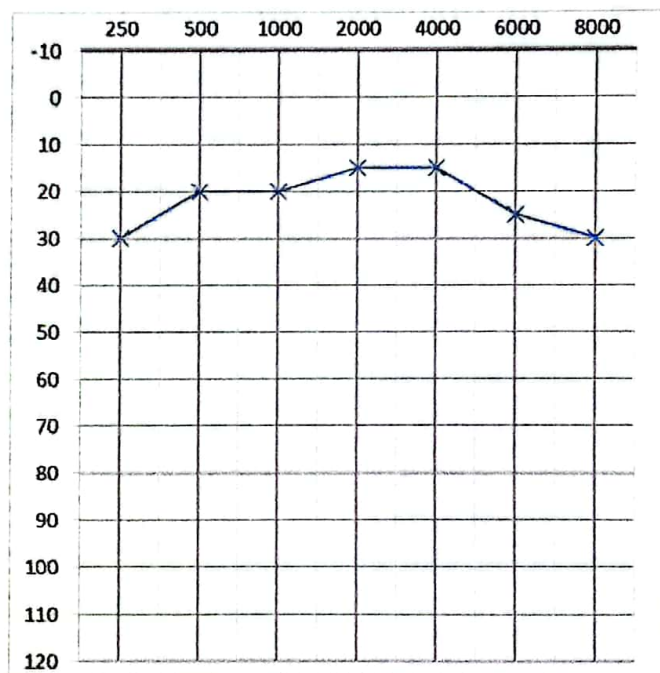
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
30	15	25	20	15	25	20	18.75

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
30	20	20	15	15	25	30	17.5

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 :

Left Ear :

Conclusion :

dr. KARISMA PRAMESWARI PM. Sp. THT-KL
 1418 158131 72.04.1005 05.005 C 1/31-1 779 3-e/2021

Examining Physician
 dr Karisma Prameswari Sp.THT-KL

ELECTROKARDIOGRAM REPORT



2VI

W

AVR
AVL
AVF




V5

V1
V2
V3

V4

PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU	:	00.28.30
TANGGAL PERIKSA	:	9 Februari 2024
NAMA	:	Imam Hayana
UMUR	:	30
PERUSAHAAN	:	Ardhani
KESIMPULAN	:	Sinus br x 1 mnt, Normal

 **Dr. Ismugi SpJP-FIHA**
Spesialis Jantung & Pembuluh Darah
(Cardiologist)

dr. ISMUGI SpJP, FIHA
CARDIOLOGIST