



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-34119-2023

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): PARISMAN	Cédula / Pasaporte No. Id. Number/Passport No. C 9665748
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 15/12/1979	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		2023-10-03
¿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"/>
Confirmando 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 2023-10-04
Expiration Date: 2025-10-04
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-31/41-1.779.3/1e/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-00-04-15
NAME : PARISMAN
SEX : PRIA/MALE **DATE EXAMINE** : 03 Oct 2023
PLACE & DATE OF BIRTH : CILACAP / 15 December 1979 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINE : JLN. DULANGMAS II NO. 15 RT. 002 RW. 002 KEL. SAMPANG KEC. SAMPANG
DUTY : OILER **PASSPORT** : C0538018



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	166 cm	75 kg	27.00 kg/m ²	140/89 mmHg	70 X/min	18 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						
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						
		VISION	WITHOUT	WITH	COLOR VISION (ISHIHARA'S METHOD)		
		Right Eye	6/10		NORMAL		
		Left Eye	6/7,5				
		Both Eye	6/7,5				
		GENERAL APPEARANCE					
		LOOKING HEALTHY					
		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			
DENTAL EXAMINATION		HEARING		If abnormal, give details			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL					
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	Yes				
		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 : PARISMAN
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : CILACAP / DECEMBER 15, 1979
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.

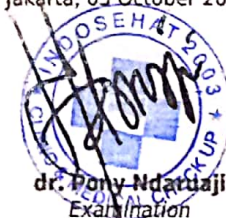
Dengan Hasil : Sehat untuk Bertugas.
With Final Result : FIT.

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



PARISMAN

Jakarta, 03 October 2023



dr. Pony Ndutaji
Examination

Date Of Examination, October 03, 2023
Expiration Of Validity, October 02, 2025



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. PARISMAN	No. MR	: 000415
MCU No.	: 004/MCUIIS/A/X/23	Age	: 43 Years Old
Date Examination	: OCTOBER 03, 2023		

Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	14
White Blood Cell Count	5.0 – 10.0	/ ul	6
ESR	0 - 15	mm / hour	6
DIFFERENTIAL COUNT			
Eosinophil	0 - 1	%	1
Basophil	1 - 3	%	3
Stab	2 - 6	%	3
Segment	50 - 70	%	53
Lymphocyte	20 - 40	%	31
Monocyt	2 - 8	%	16
Platelet/ Trombosit	150.000-440 .000		191

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	101
Blood Sugar 2 PP	60-140	mg/ dl	124
Random Glucose	60 - 180	mg / dl	
Cholesterol	< 200	mg / dl	197
Triglyseride	< 200	mg / dl	96
SGOT	< 35	U / L	23
SGPT	< 45	U / L	37
Creatinin	0,7 - 1,4	mg / dl	1
Ureum	15 - 45	mg / dl	26
Fosfatase Alkali	30-120	mg/ dl	50
GGT	< 49	g/ml	25
BIL TOTAL	0,2-1,0	mg/dl	1
BIL DIRECT	0,1-1,2	mg/dl	0,2



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. PARISMAN	No. MR	: 000415
MCU No.	: 004/MCUIS/A/X/23	Age	: 43 Years Old
Date Examination	: OCTOBER 03, 2023		

Laboratory Test	Reference Ranges	Result
-----------------	------------------	--------

URINALYSIS

Macroscopic

Specific Gravity	1,010 – 1,030	1010
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		6

Microscopic

Sediment

Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-1
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



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



LABORATORY FINDING	
BLOOD TEST	URINALYSIS
HEMATOLOGY	SPECIFIC GRAVITY : 1010
HB : 14 gr/dl	PROTEIN : Negative
WBC : 6	GLUCOSE : Negative
DIFF COUNT : 1/2/3/53/31/16	
BLOOD CHEMISTRY	MICROSCOPIC :
CHOLESTEROL : 197 mg / dl	WBC : 0-1 / hpt
TRYGLISERIDES : 96 mg / dl	RBC : 0-1 / hpt
	CAST : Negative
	CRYSTALS : Negative
	BACTERIA : Negative
GDS : mg / dl	
SGOT : 23 U/L	
SGPT : 37 U/L	
Creatinin : 1 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	
HEALTH CERTIFICATE	
No. : 004/MCUIS/A/X/23	
THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :	
MR. PARISMAN AGE 43 YEARS	
HE IS FOUND TO BE FIT FOR DUTY AS : OILER	
ISSUED AT JAKARTA	
DATE OCTOBER 03, 2023	
VALID UNTIL OCTOBER 03, 2025	
	
dr. PONY NDARUAJI	
Chief Physician	



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 004/MCUIIS/A/X/23
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : OCTOBER 03, 2023

This is to certify that

Name : MR. PARISMAN
Sex : Male
Place/Date Of Birth : CILACAP/ DECEMBER 15, 1979
Age : 43 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	: N/E	7. Marijuana/Cannabinoids	: Negative
3. Opiate/Morphine	: Negative	8. Barbiturate	: N / E
4. Phencyclidine	: Negative	9. Benzodiazepine	: N / E
5. Codeine	: N / E	10. Alcohol	: Negative

Note
N/E : Not Examine

JAKARTA OCTOBER 03, 2023



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. PARISMAN
Age : 43 Years Old

And was found him / her dentally FIT.

Jakarta, OCTOBER 03, 2023



(Drg. Eriana)

Dentist



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL CHECK UP REPORT

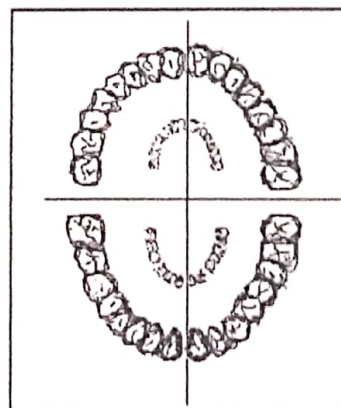
MCU No. : 004/MCUIS/A/X/23
Date : OCTOBER 03, 2023
Name of Crew : MR. PARISMAN
Age : 43Years Old

Company/Shiping Co.:

CHIEF COMPLAINT :

FINDINGS :

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



ADVISED :

Jakarta, OCTOBER 03, 2023

()
Drg. Triana



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. PARISMAN
No Client : 000415
MCU No. : 004/MCUIS/A/X/23
Sex : Male
Age : 43 Years Old

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

Jakarta, OCTOBER 03, 2023

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. PARISMAN Pengirim : PT. ANDHINI EKAKARYA SEJAHTER
Umur / No. Foto : 43 TH / 000415 Rontgen : THORAX AP
Tanggal Rontgen : OCTOBER 03, 2023

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 :

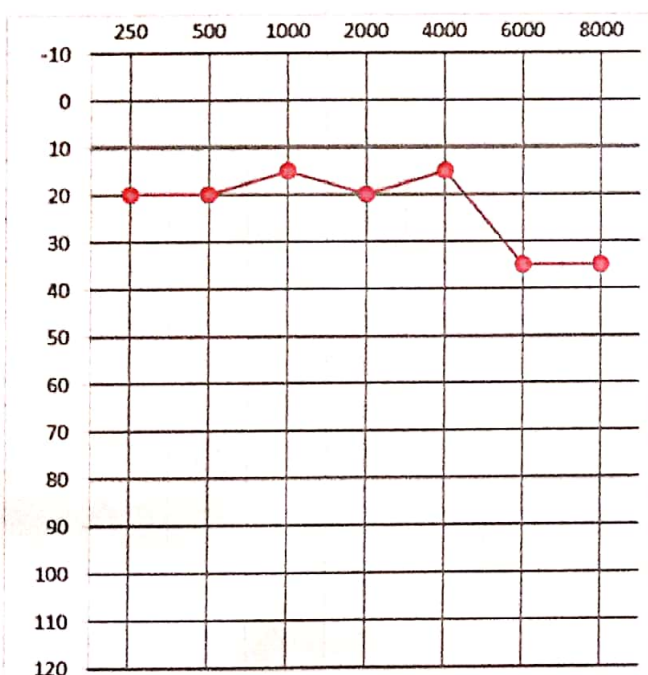
PATIENT DATA

Company : ANDHINI
 Name : PARISMAN
 Age : 43 YO
 No : 000-415

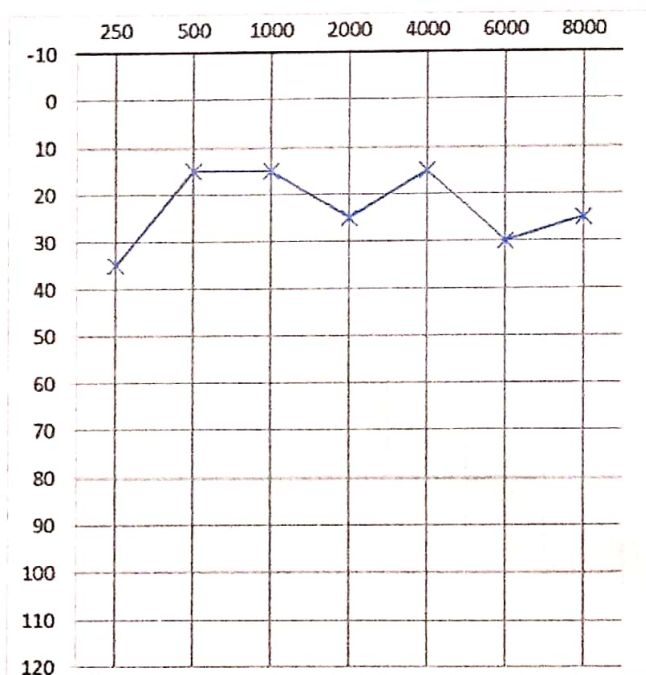
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
20	20	15	20	15	35	35	17,5

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
35	15	15	25	15	30	25	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 : Ambang dengar normal 17,5 dB

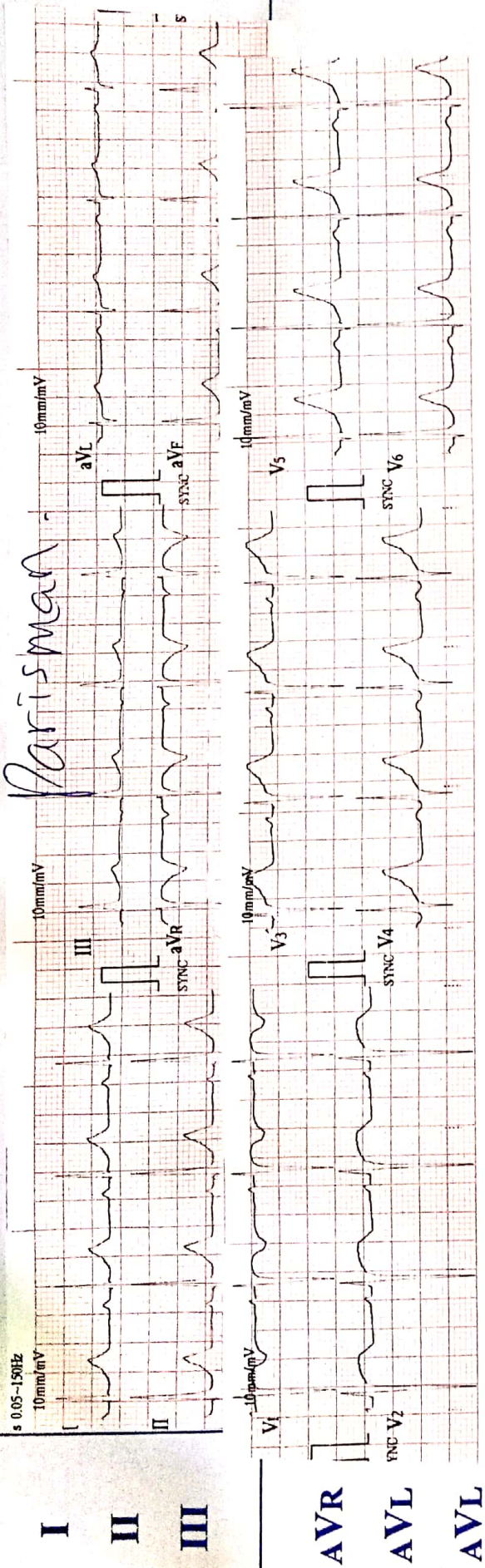
Left Ear : Ambang dengar normal 17,5 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr KARISMA PRAMESWARI PM Sp THT-KL
 1418158/3172 04 1005 05 005 C 12 1119 3e2021

Examining Physician
 dr Karisma Prameswari Sp THT-KL

ELEKTROKARDIOGRAM REPORT



PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU

: 000.415.

TANGGAL PERIKSA

: 3 Oktober 2023

NAMA

: Parisman,

UMUR

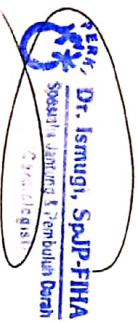
: 43 th

PERUSAHAAN

: Andhani.

KESIMPULAN

: Sinus 75 x / mnt
Normal



dr. ISMUGI SpJP, FIHA
CARDIOLOGIST