



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-46090-2024

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): KASTUR	Cédula / Pasaporte No. Id. Number/Passport No. C 7573951
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 07/06/1983	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		2024-05-30
¿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 2024-05-31
Expiration Date: 2026-05-31
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.: 10/0115A/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-00-51-18
NAME : KASTUR
SEX : PRIA/MALE **DATE EXAMINE** : 30 May 2024
PLACE & DATE OF BIRTH : BANGKALAN / 07 June 1983 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINEE : DSN. SAWO RT. 004/002 KEL TANJUNGAN KEC. KAMAL
DUTY : AB **PASSPORT** : C7573951



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	169 cm	57 kg	20.00 kg/m ²	138/93 mmHg	91 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. DEPRESION	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		6/6		NORMAL	
		Left Eye		6/6			
		Both Eye		6/6			
		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. 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					
DENTAL EXAMINATION		HEARING		If abnormal, give details			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		NORMAL		NIL			
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8		Right Ear Yes					
• : Filling O : Caries ^ : Root Rest		Left Ear Yes					
x : Missing V : Prothesa							





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN **TO WHOM IT MAY CONCERN**

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama : KASTUR
Name
Jenis Kelamin : PRIA/MALE
Gender/Sex
Tempat / Tanggal Lahir : BANGKALAN / JUNE 07, 1983
Place / Date Of Birth
Perusahaan : PT. ANDHINI EKAKARYA SEJAHTERA
Company
Jabatan : AB
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.



KASTUR

Jakarta 30 May 2024

dr. Pony Ndaruaji
Examination

Date Of Examination, May 30, 2024
Expiration Of Validity, May 30, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.KASTUR	No. MR	: 005118
MCU No.	: 048/MCUIIS/AES/V/24	Age	: 40 Years Old
Date Examination	: MAY 30, 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	7
ESR	0 - 15	mm / hour	7
DIFFERENTIAL COUNT			
Eosinophil	0 – 1	%	0,29
Basophil	1 – 3	%	6
Stab	2 – 6	%	6
Segment	50 – 70	%	65
Lymphocyte	20 – 40	%	31
Monocyt	2 – 8	%	4
Platelet/ Trombosit	150.000-440 .000		193

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	96
Blood Sugar 2 PP	60-140	mg/ dl	116
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	164
Triglyseride	< 200	mg / dl	126
SGOT	< 35	U / L	24
SGPT	< 45	U / L	31
Creatinin	0,7 – 1,4	mg / dl	0,84
Ureum	15 – 45	mg / dl	22
Fosfatase Alkali	30-120	mg/ dl	45
GGT	< 49	g/ml	23
BIL TOTAL	0,2-1,0	mg/dl	0,8
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

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Name	: MR.KASTUR	No. MR	: 005118
MCU No.	: 048/MCUIS/AES/V/24	Age	: 40 Years Old
Date Examination	: MAY 30, 2024		


Laboratory Test	Reference Ranges	Result
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URINALYSIS

Macroscopic		
Specific Gravity	1,010 – 1,030	1005
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



LABORATORY FINDING

BLOOD TEST

HEMATOLOGY

HB : 15,5 gr/dl
WBC : 8,52
DIFF COUNT : 0,29/2,64/6/65/31/4

BLOOD CHEMISTRY

CHOLESTEROL : 164 mg / dl
TRYGLISERIDES : 126 mg / dl

GDS : mg / dl
SGOT : 24 U/L
SGPT : 31 U/L
Creatinin : 0,84 mg / dl

SEROLOGY / IMUNOLOGI

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

URINALYSIS

SPECIFIC GRAVITY : 1005
PROTEIN : Negative
GLUCOSE : Negative

MICROSCOPIC :

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

CHEST X-RAY

Report

NORMAL

OTHER DIAGNOSTIC TEST

ECG : NORMAL

COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION

The abovenamed person physically :

☒ **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

FIT TO BE DUTY ON BOARD SHIP

HEALTH CERTIFICATE

No. : 048/MCUIS/AES/V/24

THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO:
MR. KASTUR AGE 40 YEARS

HE IS FOUND TO BE FIT FOR DUTY AS : AB
ISSUED AT JAKARTA
DATE MAY 30, 2024
VALID UNTIL MAY 30, 2026



dr. PONY NDARUAJI
Chief Physician



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 048/MCUIIS/AES/V/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : MAY 30, 2024

This is to certify that

Name : MR. KASTUR
Sex : Male
Place/Date Of Birth : BANGKALAN/ JUNE 07, 1983
Age : 40 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 30, 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. KASTUR
Age : 40 Years Old

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

Jakarta, MAY 30, 2024

()
Dentist



DENTAL CHECK UP REPORT

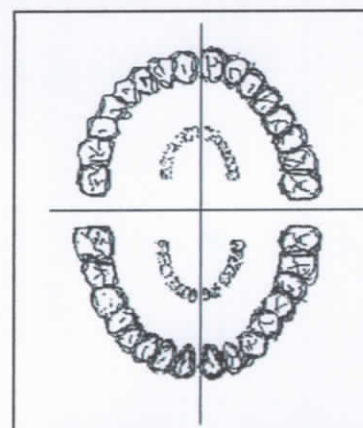
MCU No. : 048/MCUIS/AES/V/24
Date : MAY 30, 2024
Name of Crew : MR. KASTUR
Age : 40Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

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



ADVISED :

Jakarta, MAY 30, 2024

()
Drg. Triana



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. KASTUR
No Client : 005118
MCU No. : 048/MCUIS/AES/V/24
Sex : Male
Age : 40 Years Old

HIV	Negative
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Jakarta, MAY 30, 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. KASTUR Pengirim : PT. ANDHINI EKAKARYA SEJAHTER
Umur / No. Foto : 40 TH / 005118 Rontgen : THORAX AP
Tanggal Rontgen : MAY 30, 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

ROSALINA, Sp. Rad.

150231.72.04.1005.05.005.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

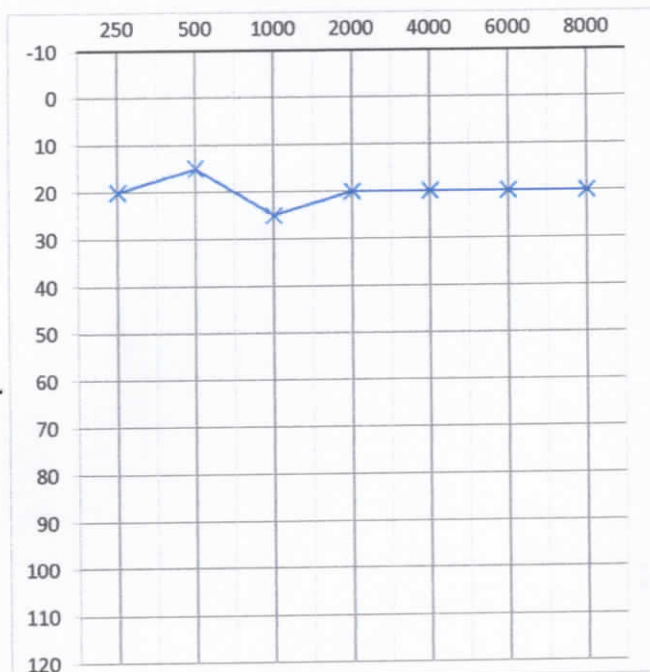
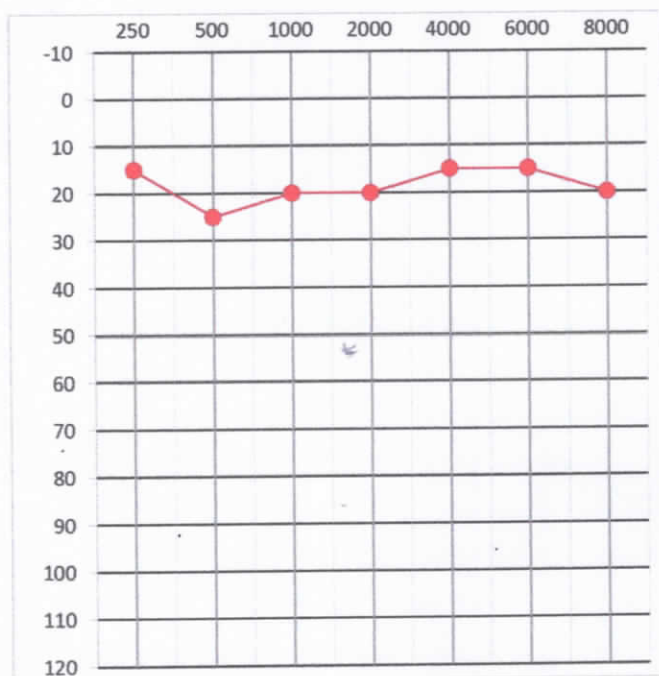
Company : ANDHINI EKAKARYA SEJAHTERA
 Name : KASTUR
 Age : 40 YO
 No : 00-51-18

Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1

LEFT - FF1



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

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

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 20 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM Sp. THT-KL
 1416 15B/31.72.04.1005 05 003 C 1/3-1779 3-e7221

Examining Physician
 dr. Karisma Prameswari Sp. THT-KL

ELECTROKARDIOGRAM REPORT

castur

1407

a/s 0.5-100Hz

10mm/mV

10mm/mV

10mm/mV

I

II

III

aVR

aVL

aVF

V1

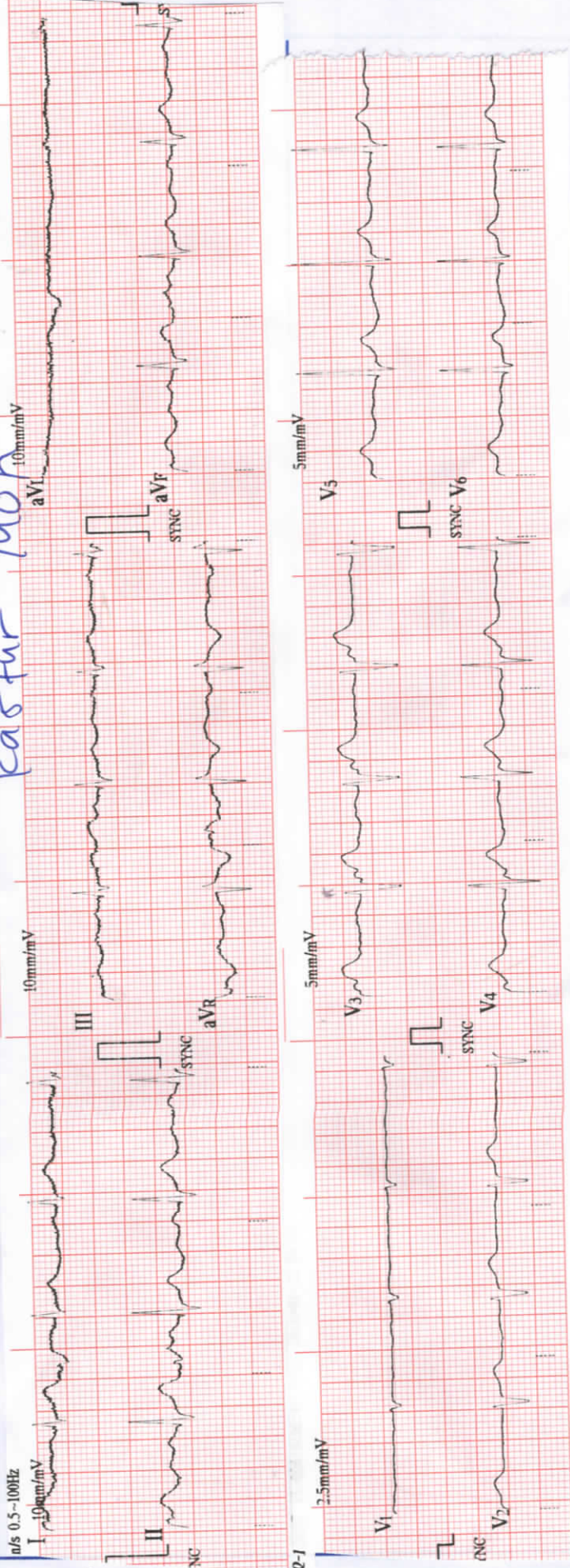
V2

V3

V4

V5

V6



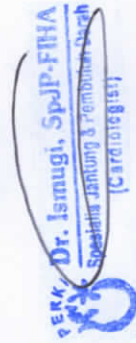
1407 x 1407

1407



PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU	:	005118
TANGGAL PERIKSA	:	30 Mei 2024
NAMA	:	Kastur
UMUR	:	46 th
PERUSAHAAN	:	Anchini
KESIMPULAN	:	Sinus 84 x /mnt Normal



dr. ISMUGI SpJP, FIHA
CARDIOLOGIST