



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-45998-2024

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: GINTING	Nombre Given Name(s): RIZAL	Cédula / Pasaporte No. Id. Number/Passport No. C 7795188
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 01/06/1990	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		2024-05-29
¿Apto para cometidos de vigia? 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 2024-05-29
Expiration Date: 2026-05-29
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/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 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-00-51-06
NAME : RIZAL GINTING
SEX : PRIA/MALE **DATE EXAMINE** : 29 May 2024
PLACE & DATE OF BIRTH : BUNURAYA / 01 June 1990 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINEE : JL. VETERAN GG CAHAYA BERASTAGI RT. 000/000 KEL. GUNDALING II
KEC. BERASTAGI
DUTY : OS **PASSPORT** : C7795188



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	168 cm	51 kg	20.20 kg/m ²	128/86 mmHg	65 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		6/7,5		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. THYROID				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		Right Ear		Yes			
• : Filling O : Caries ^ : Root Rest		Left Ear		Yes			
x : Missing V : Prothesa				NIL			



KEASLIAN DOKUMEN INI
RIZAL GINTING
TOTOT RUMEKSO
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 : RIZAL GINTING
Name
Jenis Kelamin : PRIA/MALE
Gender/Sex
Tempat / Tanggal Lahir : BUNURAYA / JUNE 01, 1990
Place / Date Of Birth
Perusahaan : PT. ANDHINI EKAKARYA SEJAHTERA
Company
Jabatan : OS
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.



RIZAL GINTING

Jakarta, 29 May 2024



dr. Pony Ndaruaji
Examination

Date Of Examination, May 29, 2024
Expiration Of Validity, May 29, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.RIZAL GINTING	No. MR	: 005106
MCU No.	: 045/MCUIIS/AES/V/24	Age	: 33 Years Old
Date Examination	: MAY 29, 2024		

Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	17,1
White Blood Cell Count	5.0 – 10.0	/ ul	8
ESR	0 - 15	mm / hour	8
DIFFERENTIAL COUNT			
Eosinophil	0 – 1	%	0,40
Basophil	1 – 3	%	6
Stab	2 – 6	%	6
Segment	50 – 70	%	65
Lymphocyte	20 – 40	%	30,1
Monocyt	2 – 8	%	4,7
Platelet/ Trombosit	150.000-440 .000		221

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	96
Blood Sugar 2 PP	60-140	mg/ dl	121
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	178
Triglyceride	< 200	mg / dl	142
SGOT	< 35	U / L	27
SGPT	< 45	U / L	35
Creatinin	0,7 – 1,4	mg / dl	0,89
Ureum	15 – 45	mg / dl	29
Fosfatase Alkali	30-120	mg/ dl	66
GGT	< 49	g/ml	29
BIL TOTAL	0,2-1,0	mg/dl	1
BIL DIRECT	0,1-1,2	mg/dl	




REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.RIZAL GINTING	No. MR	: 005106
MCU No.	: 045/MCUI/AES/V/24	Age	: 33 Years Old
Date Examination	: MAY 29, 2024		

Laboratory Test	Reference Ranges	Result
URINALYSIS		
Macroscopic		
Specific Gravity	1,010 – 1,030	1010
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		8
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-3
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	URINALYSIS
HEMATOLOGY	SPECIFIC GRAVITY : 1010
HB : 17,1 gr/dl	PROTEIN : Negative
WBC : 8,91	GLUCOSE : Negative
DIFF COUNT : 0,40/26,8/6/65/30,1/4,7	
BLOOD CHEMISTRY	MICROSCOPIC :
CHOLESTEROL : 178 mg / dl	WBC : 0-3 / hpt
TRYGLISERIDES : 142 mg / dl	RBC : 0-2 / hpt
	CAST : Negative
	CRYSTALS : Negative
	BACTERIA : Negative
GDS : mg / dl	
SGOT : 27 U/L	
SGPT : 35 U/L	
Creatinin : 0,89 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 :	
<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. : 045/MCUIS/AES/V/24	
THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO	
MR. RIZAL GINTING AGE 33 YEARS	
HE IS FOUND TO BE FIT FOR DUTY AS : OS	
ISSUED AT JAKARTA	
DATE MAY 29, 2024	
VALID UNTIL MAY 29, 2026	
	
dr. PONY NDARUAJI	
Chief Physician	



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 045/MCUIS/AES/V/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : MAY 29, 2024

This is to certify that

Name : MR. RIZAL GINTING
Sex : Male
Place/Date Of Birth : BUNURAYA/ JUNE 01, 1990
Age : 33 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, MAY 29, 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. RIZAL GINTING
Age : 33 Years Old

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

Jakarta, MAY 29, 2024

()
Dentist



DENTAL CHECK UP REPORT

MCU No. : 045/MCUIIS/AES/V/24
Date : MAY 29, 2024
Name of Crew : MR. RIZAL GINTING
Age : 33Years Old

Company/Shiping Co.:

CHIEF COMPLAINT :

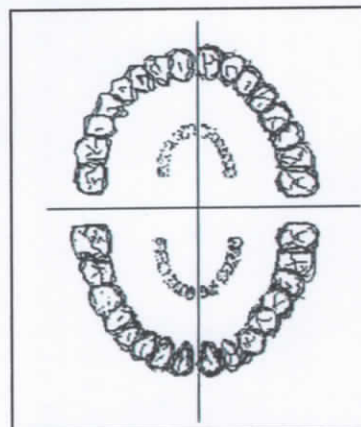
FINDINGS :

1. Teeth Missing :

2. Carious Teeth :

3. Periodontally involved teeth :

4. Others :



ADVISED :

Jakarta, MAY 29, 2024

(Drg. Triana)





Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. RIZAL GINTING
No Client : 005106
MCU No. : 045/MCUIS/AES/V/24
Sex : Male
Age : 33 Years Old

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

Jakarta, MAY 29, 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. RIZAL GINTING Pengirim : PT. ANDHINI EKAKARYA SEJAHTER
Umur / No. Foto : 33 TH / 005106 Rontgen : THORAX AP
Tanggal Rontgen : MAY 29, 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 :

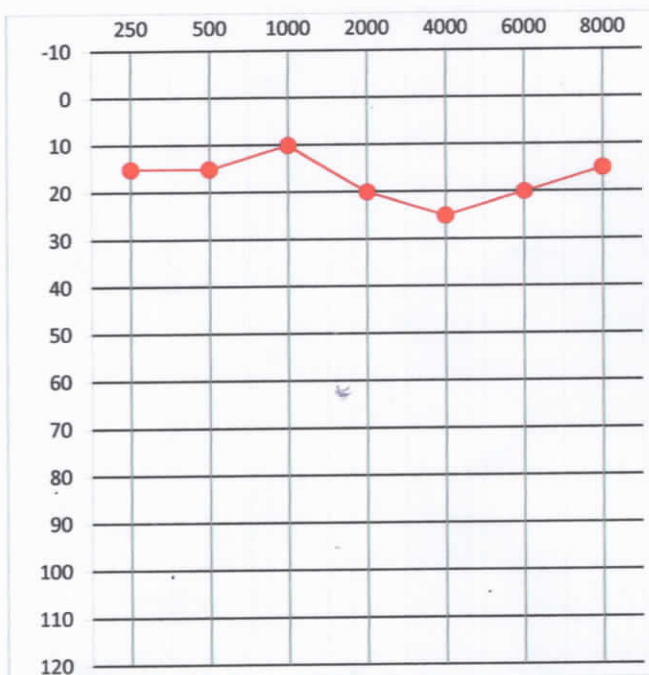
PATIENT DATA

Company : ANDHINI
 Name : RIZAL GINTING
 Age : 33 YO
 No : 00-51-06

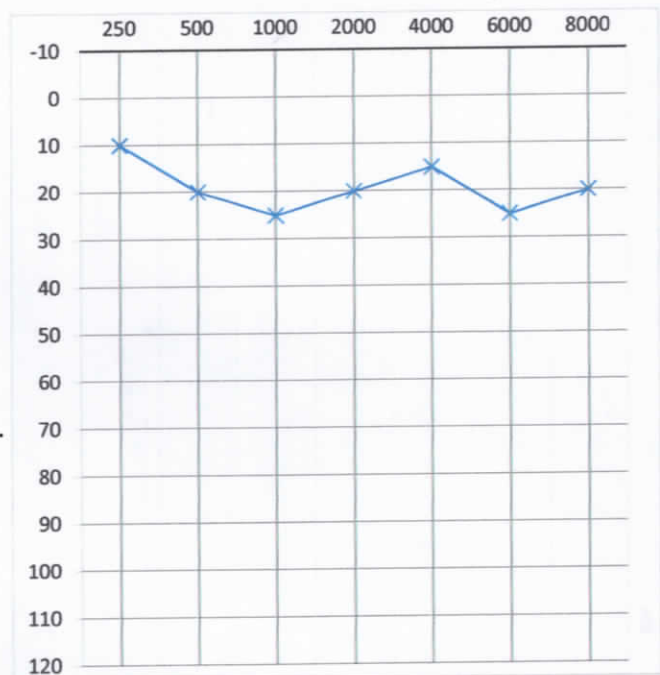
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
15	15	10	20	25	20	15	17,5

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
10	20	25	20	15	25	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 :

Left Ear :

Conclusion :

dr. KARISMA PRAMESWARI PM, Sp. THT-KL
 14/B 15B/31 72 04 1005 05 005 C 13-1119 3-072021

Examining Physician
 dr Karisma Prameswari Sp.THT-KL

ELECTROKARDIOGRAM REPORT

K2ad giting / 33h

25mm/s 0.5-100Hz
5mm/mV

I

II

III

AVR

AVL

AVF

V1

V2

V3

V4

V5

V6

10mm/mV
III

AVR

10mm/mV
V3

V1

V2

10mm/mV
V5

V6

10mm/mV
aVR

AVF

10mm/mV
V4

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V5

V6

NC II

NC V2

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PEMERIKSAAN ELEKTROKARDIOGRAM
MEDICAL CHECK UP

NO. MCU	:	005106
TANGGAL PERIKSA	:	29 Mei 2020
NAMA	:	Prizal. ginting.
UMUR	:	33
PERUSAHAAN	:	Architr
KESIMPULAN	:	Sinus 62 x/mnt Normal

 **Dr. Ismugi. SpJP-FIHA**
Spesialis Jantung & Pembuluh Darah
(Cardiologisi)
dr. ISMUGI SpJP, FIHA
CARDIOLOGIST