

REPÚBLICA DE PANAMÁ REPUBLIC OF PANAMA

AUTORIDAD MARÍTIMA DE PANAMÁ PANAMA MARITIME AUTHORITY

CERTIFICADO MÉDICO DE LA GENTE DE MAR





Certificate No.: ALCH-41567-2024

Este certificado se emite en conformidad con las disposiciones de la regla 1/9 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 1/9 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: MULYADI	Nombre Given Name(s): MUS	,	Pasaporte No. er/Passport No. 9399
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 16/06/1980	Nacionalidad: Nationality Indonesia	Sexo: Sex Male	
		Yes	No
¿Confirmación de que se examinar exámen? Confirmation that identification documents		el lugar del	
¿La audición cumple con el estánd Hearing meets standards?	ar?		
¿La audición es satisfactoria sin ay Unaided hearing satisfactory?	uda?		
¿La agudeza visual cumple con el visual acuity meets standards?	estándar?		
¿La visión cromática cumple con e Colour vision meets standards?	eslándar?		
Fecha de la última prueba de Date of last color vision test	visión cromática (Año/Mes/Día)?	2024	4-03-01
¿Apto para cometidos de vigía? Fit for look out duties?			
¿Existen limitaciones o restriccione "si", dar detalles de las limitaciones Limitations or restrictions on fitness?	s respecto de la aptitud física? Si la o restricciones:	a respuesta es	
¿Está el marino libre de cualquier o servicio en el mar o discapacitarle p peligro la salud de otras personas a ls the seafarer free from any medical cond seafarers unfit for such service or to endar	oara el desempeño de tal servicio o a bordo? ition likely to be aggravated by service al s	poner en	
Confirmo que he sido informado sol derecho a solicitar una revisión del 6 de la Sección A-I/9. I hereby, confirm that I have been informed review in accordance with the paragraph 6	dictamen, con arreglo a lo dispuest d about the content of this certificate and of	o en el párrafo	de la Gente de Mar Seafarer ´s Signature
Date of Issue Expiration Date: Name of the recognized medical practitioner:	2024-03-02 2025-03-02 Pony Ndaruaji	re the	rma y sello del medico conocido/Signature and Stamp of e recognized medical Martinagi dr. Pony Nartinagi lo: 10/B.15A/31.72.04.1005.9.K-3/4/-1.779.

Reg: 3111100317053064



^{1.} El original de éste certificado deberá estar disponible durante al servicio a bordo/The original of this certificate must uo nuna avanuamente serving on board ship.
2. En caso de pérdida de éste certificado, el títular deberá notificar a los puertos y a la Autoridad Maritime de Panamá/In case of loss of this certificate the holder should notify ports and the Panama Maritime Authority.
3. La autoridade de éste certificado puedo ser verificada contactando a la Autoridad Maritima 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-00-32-70

NAME

: MUS MULYADI

SEX

: PRIA/MALE

PLACE & DATE OF BIRTH

: BANGKALAN / 16 June 1980

DATE EXAMINE : 01 Mar 2024

NATIONALITY : INDONESIA

MAILING ADDRESS OF EXAMINE

: DSN. ASEM RT. 004/002 KEL. TAJUNGAN KEC. KAMAL KOTA BANGKALAN

DUTY : COOK

PASSPORT : C8679399,



1. ALCOHOL HISTORY 2. ALLERGIC HISTORY 3. AMPUTATION 4. BLOOD DISORDER 5. BALANCE PROBLEM 6. BACK OR JOINT PROBLEM 7. COLOUR BLINDNESS 8. CANCER 9. DIABETES 10. DIGESTIVE DISORDER 11. DEPRESION 12. EPILEPSY 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 10. DIGESTIVE DISORDER NO 10. DIGESTIVE DISO	
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28. OPERATION / SURGERY No 16. HERNIA Yes 29. PSYCHIATRIC PROBLEM No 17. CENTRAL NERVOUS SYSTEM Yes 30. RESTRICTED MOBILITY No 18. SKIN & NAILS Yes 31. SKIN PROBLEM No 19. SPEECH Yes 32. SLEEP PROBLEM No 20. OTHERS Yes	
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30. RESTRICTED MOBILITY No 18. SKIN & NAILS Yes 31. SKIN PROBLEM No 19. SPEECH Yes 32. SLEEP PROBLEM No 20. OTHERS Yes	
31. SKIN PROBLEM No 19. SPEECH Yes 32. SLEEP PROBLEM No 20. OTHERS Yes	
32. SLEEP PROBLEM No 20. OTHERS Yes	
E-10%	
33. ITITADID PROBLEM NO. SACAS	
200	
34. TUBERCULOSIS No	
35. SMOKING No KEASLIAN DOKUMEN INI	
DENTAL EXAMINATION HEARING If abnormal, give details IBUNG!	
87654321 12345678 NORMAL TOTOT RUMEKSO	
0/654321 123456/8 Right Ear Yes NIII HP 0858 1392 5019	
• : Filling O : Caries ^ : Root Rest x : Missing V : Prothesa	











SURAT KETERANGAN TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :

Here with acknowledge that :

Nama Name

: MUS MULYADI

Jenis Kelamin Gender/Sex

: PRIA/MALE

Tempat / Tanggal Lahir Place / Date Of Birth

: BANGKALAN / JUNE 16, 1980

Perusahaan Company

: PT. ANDHINI EKAKARYA SEJAHTERA

Jabatan Occupation

: COOK



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 dengan Resep Obat.

With Final Result : FIT WITH MEDICINE.

Demikian surat keterangan ini kami sampaikan untuk dapat dipergunakan sebagaimana mestinya.

I hope this letter will be found useful where necess.



MUS MULYADI

Jakaria, 01 March 2024

dr. Pony Maribaji

Examination

Date Of Examination, March 01, 2024 Expiration Of Validity, March 01, 2025











REPORT LABORATORY RESULT

Company : PT. ANDHINI EKAKARYA SEJAHTERA

Name : MR.MUS MULYADI MCU No. : 002/MCUIS/AES/III/24 **Date Examination** : MARCH 01, 2024

Sex : Male No. MR : 003270 Age: 43 Years Old

Laboratory Test	Reference	Ranges	Result	
HAEMATOLOGY				
Haemoglobin	13.0 - 18.0	gr / dl	14,1	
White Blood Cell Count	5.0 - 10.0	/ul	5	
ESR	0 - 15	mm / hour	5	
DIFFERENTIAL COUNT			5	
Eosinophil	0 – 1	%	0,2	
Basophil	1 – 3	%	6	
Stab	2-6	%	6	
Segment	50 - 70	%	72	
Limphocyte	20 - 40	%	24,8	
Monocyt	2-8	%	3,6	
Platelet/ Trombosit	150.000-440.0		286	
Fasting Blood Sugar Blood Sugar 2 PP	60-110 60-140	mg / dl mg/ dl	121 160	
Random Glucose	60 – 180	mg/dl		
Cholesterol	< 200	mg / dl	162	
Triglyseride	< 200	mg / dl	131	
SGOT	< 35	U/L	23	
SGPT	< 45	U/L	28	
Creatinin	0,7 – 1,4	mg/dl	0,87	
Ureum	15 – 45	mg/dl	24	
Fosfatase Alkali	30-120	mg/dl	50	
GGT	< 49	g/ml	33	
BIL TOTAL	0,2-1,0	mg/dl	0,96	
BIL DIRECT	0,1-1,2	mg/dl		





Sex







REPORT LABORATORY RESULT

Company : PT. ANDHINI EKAKARYA SEJAHTERA

Name : MR.MUS MULYADI

MCU No. : 002/MCUIS/AES/III/24
Date Examination : MARCH 01, 2024

No. MR : 003270 Age : 43 Years Old

1020

Positive

Negative

Negative

Negative

Negative

0-3

0-2

POSITIVE++

POSITIVE++

: Male

Laboratory Test Reference Ranges Result

URINALYSIS

Macroscopic

Spesific Gravity 1,010 – 1,030 Albumin Negative

Glucose Negative PH

Microscopic Sediment

Epithels / hpf Positive
WBC / hpf 1 - 4
RBC / hpf 1 - 4
Cast Negative
Crystal Negative
Bacteria Negative
Others Negative

SEROLOGY / IMMUNOLOGY

VDRL Non Reaktive
Hbs Ag Non Reaktive
HIV Non Reaktive

Non Reaktive REACTIVE Non reaktive

dr. Gunawan Eka Putra Sp.PK











LABORATORY FINDING BLOOD TEST URINALYSYS HEMATOLOGY SPECIFIC GRAFITY : 1020 PROTEIN : POSITIVE++ HB : 14,1 gr/dl GLUCOSE : POSITIVE++ WBC : 7.8 DIFF COUNT : 0,2/1,95/6/72/24,8/3,6 BLOOD CHEMISTRY MICROSCOPIC: CHOLESTEROL : 162 mg / dl WBC : 0-3 /hpt TRYGLISERIDES : 131 RBC : 0-2 /hpt CAST : Negative CRYSTALS : Negative GDS mg/dl : BACTERIA : Negative SGOT : 23 U/L SGPT : 28 U/L : 0,87 mg/dl Creatinin SEROLOGY / IMUNOLOGI Hbs Ag : REACTIVE HIV : Non reaktive VDRL : Non Reaktive CHEST X-RAY Report NORMAL OTHER DIAGNOSTIC TEST ECG : NORMAL COMMENT ON MEDICAL HISTORY AND CHRICAL 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

HEALTH CERTIFICATE
No.: 002/MCUIS/AES/III/24

THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO:
MR. MUS MULYADI AGE 43 YEARS

<u>HE</u> IS FOUND TO BE <u>FIT</u> FOR DUTY AS: COOK ISSUED AT JAKARTA

DATE MARCH 01, 2024 VALID UNTIL MARCH 01, 2025

Doctor's Advice













CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 002/MCUIS/AES/III/24

Company : PT. ANDHINI EKAKARYA SEJAHTERA

Date : MARCH 01, 2024

This is to certify that

Name : MR. MUS MULYADI

Sex : Male

Place/Date Of Birth : BANGKALAN/ JUNE 16, 1980

Age : 43 Years Old

Rank : COOK

Was examed for the presence of the following drugs and alcohol in the urine using the competitive immonoassay / chomatographic Absorbent method and was found:

1. Amphetamine Negative 6.Coccaine : Negative 2. Methamphetamine 7.Marijuana/Cannabinoids Negative : Negative 3. Opiate/Morphine Negative 8.Barbiturate : Negative 4. Phencyclidine 9.Benzodiazepine Negative Negative 5. Codeine 10.Alcohol Negative : Negative

Note

N/E : Not Examine

JAKARTA, MARCH 01, 2024

dr. PONYMDARUAJI Medical Review Officer











DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined:

Name

: MR. MUS MULYADI

Age

43 Years Old

And was found him / her dentally FIT.

Jakarta NARCH 01, 2024

Dentist











DENTAL CHECK UP REPORT

MCU No.

: 002/MCUIS/AES/III/24

Date

: MARCH 01, 2024

Name of Crew

: MR. MUS MULYADI

Age

: 43 Years Old

Company/Shiping Co.:

CHIEF COMPLAINT:

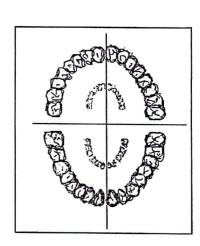
FINDINGS:

1. Teeth Missing:

2. Carious Teeth:

3. Periodontally involved teeth:

4. Others :



ADVISED:

Jakarta, MARCH 01, 2024

Email: info@indosehat2003.id











Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From:

Name: MR. MUS MULYADI

No Client : 003270

MCU No. : 002/MCUIS/AES/III/24

Sex : Male

Age : 43 Years Old

HIV	Negative

Jakarta, MARCH 01, 2024

dr. PONY NDARUAJI Medical Review Officer Examiner

Laboratory Analyst



KLINIK UTAMA INDOSEHAT 2003 MEDICAL CENTRE

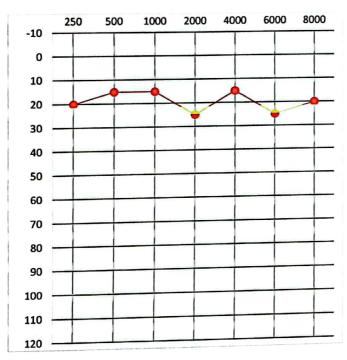
Ex. Komp. Gaya Motor Jl. Isuzu No. 32 Semper Timur, Cilincing, Jakarta Utara 14130 Telp. (021) 4411281 Fax. (021) 4411281 Email : indosehat2003@hotmail.com

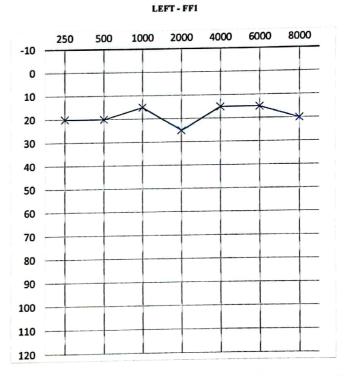
Nama Pasien	. MR. MUS MULYADI	Dongirim	PT. ANDHINI EKAKARYA SEJAHTE
Ivama i asicii		Pengirim	
Umur / No. Foto	. 43 TH / 003270	Rontgen	THORAX AP
Tanggal Rontgen	. MARCH 01, 2024		
Yth. Ts.			
	CHEST C-RAY POSTEROANTERIOR PROJECTION	:	
7 1200 and 1000 and 1	No sign of heart enlargement Normal bronchovascular pattern No sign of infiltrate of nodul in both lungs Diaphragms are smooth, costophrenic sinuses Bone of costae within normal limit	are sharp	
	Conclusion: No sign of abnormality in chest X	(-rav	
		dr. ROSAL	INA, Sp. Rad.
Radiolog / Assister		15b/31.72.04.10	OSALINA, Sp. Rad. 05.05.005.C.1/3/-1.779.3/e/2020.
77.00.000		ranua tang	gan :

Tone Audiogram

RIGHT - FF1

IT - FF1





		-					Right
		Right F	ar Air Cor	duction			Ear
		rognt 2					(dB)
250	500	1000	2000	4000	6000	8000	

		Left E	ar Air Con	duction			Left Ear (dB)
250	500	1000	2000	4000	6000	8000	· · · · ·
7000		15	25	15	15	20	18,75

		Right Es	ar Bone Co	nduction			Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
230	300						0

		Left Ea	r Bone Co	nduction			Left Ear (dB)
250	500	1000	2000	4000	6000	8000	I

Right Ear

: Ambang dengar normal 17,5 dB

Left Ear

: Ambang dengar normal 18,75 dB

Conclusion

: Pendengaran kedua telinga dalam batas normal

CI. N. S. S. M. PRAMESWARI PM Sp. THT.KL. 140 1.3 11 2.34 1005 05 075 C 1191 1 750 1107502

Examinning Phycisian
dr Karisma Prameswari Sp.THT-KL

V₂ AVL mm/s 0.05~150Hz **ELECTROKARDIOGRAM REPORT** SYNC V4 10mm/mV May multact-

PEMERIKSAAN ELECTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU

077500

TANGGAL PERIKSA

of maret horn

NAMA

Mas multed,

UMUR

N3 fr

PERUSAHAAN

Anclhini

KESIMPULAN

: Sinus 75 ×/mn+

Normal

Speciality Tanugi, Sp.ID-FIHA

dr. ISMUGI SpJP, FIHA CARDIOLOGIST