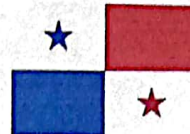




REPÚBLICA DE PANAMÁ  
REPUBLIC OF PANAMA  
AUTORIDAD MARÍTIMA DE PANAMÁ  
PANAMA MARITIME AUTHORITY  
CERTIFICADO MÉDICO DE LA GENTE DE MAR  
MEDICAL FITNESS STANDARDS CERTIFICATE FOR SEAFARERS



Certificate No.: ALCH-41568-2024

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: ROBEL SIHOTANG	Nombre Given Name(s): JOSUA TARIPAR	Cédula / Pasaporte No. Id. Number/Passport No. E 5597507
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 19/07/1992	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		2024-03-01
¿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 2024-03-02  
Expiration Date: 2026-03-02  
Name of the recognized medical practitioner: Pony Ndaruaji

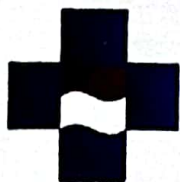


Firma y sello del médico reconocido/Signature and Stamp of the recognized medical practitioner  
dr. Pony Ndaruaji  
SIP No : 10/B.15A/31.72.04.1005 9.K-3/4-1 779.3/e/2022

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 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-00-32-75  
**NAME** : JOSUA TARIPAR ROBEL SIHOTANG  
**SEX** : PRIA/MALE **DATE EXAMINE** : 01 Mar 2024  
**PLACE & DATE OF BIRTH** : BELAWAN / 19 July 1992 **NATIONALITY** : INDONESIA  
**MAILING ADDRESS OF EXAMINEE** : JL. KARTINI GG AMAL NO. 09 KEL. BRANDAN TIMUR KEC. BABALAN KOTA LANGKAT  
**DUTY** : CHIEF OFFICER **PASSPORT** : E5597507



MEDICAL HISTORY (EXAMINEE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	165 cm	110 kg	40.00 kg/m <sup>2</sup>	100/70 mmHg	90 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. 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	6/6		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. 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		KEASLIAN 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 RUMEKSO			
x : Missing V : Prothesa				HP. 0858 1392 5019			







**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](mailto:info@indosehat2003.id)**



## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	<b>Sex</b>	: Male
<b>Name</b>	: MR.JOSUA TARIPAR ROBEL SIHOTANG	<b>No. MR</b>	: 003276
<b>MCU No.</b>	: 001/MCUIIS/AES/III/24	<b>Age</b>	: 31 Years Old
<b>Date Examination</b>	: MARCH 01, 2024		

Laboratory Test	Reference Ranges	Result
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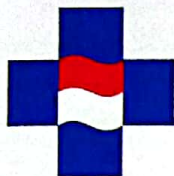
### HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	14,6
White Blood Cell Count	5.0 – 10.0	/ ul	8
ESR	0 - 15	mm / hour	8
<b>DIFFERENTIAL COUNT</b>			
Eosinophil	0 - 1	%	0,2
Basophil	1 - 3	%	7
Stab	2 - 6	%	7
Segment	50 - 70	%	69
Lymphocyte	20 - 40	%	28,5
Monocyt	2 - 8	%	2,7
Platelet/ Trombosit	150.000-440 .000		242

### BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	89
Blood Sugar 2 PP	60-140	mg/ dl	124
Random Glucose	60 - 180	mg / dl	
Cholesterol	< 200	mg / dl	187
Triglyseride	< 200	mg / dl	165
SGOT	< 35	U / L	20
SGPT	< 45	U / L	28
Creatinin	0,7 - 1,4	mg / dl	0,8
Ureum	15 - 45	mg / dl	26
Fosfatase Alkali	30-120	mg/ dl	75
GGT	< 49	g/ml	22
BIL TOTAL	0,2-1,0	mg/dl	0,9
BIL DIRECT	0,1-1,2	mg/dl	





## REPORT LABORATORY RESULT

Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Name : MR. JOSUA TARIPAR ROBEL SIHOTANG Sex : Male  
MCU No. : 001/MCUIIS/AES/III/24 No. MR : 003276  
Date Examination : MARCH 01, 2024 Age : 31 Years Old

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

### URINALYSIS

#### Macroscopic

Specific Gravity	1,010 – 1,030	1005
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		6

#### Microscopic

##### Sediment

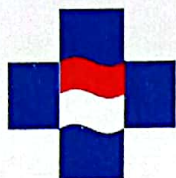
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-2
RBC / hpf	1 – 4	0-3
Cast	Negative	Negative
Crystal	Negative	Negative
Bacteria	Negative	Negative
Others	Negative	Negative

### 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	
<p><b>BLOOD TEST</b></p> <p><u>HEMATOLOGY</u></p> <p>HB : 14,6 gr/dl WBC : 8,8 DIFF COUNT : 0,2/2,8/7/69/28,5/2,7</p> <p><u>BLOOD CHEMISTRY</u></p> <p>CHOLESTEROL : 187 mg / dl TRYGLISERIDES : 165 mg / dl</p> <p>GDS : mg / dl SGOT : 20 U/L SGPT : 28 U/L Creatinin : 0,8 mg / dl</p> <p><u>SEROLOGY / IMUNOLOGI</u></p> <p>Hbs Ag : Non reaktif HIV : Non reaktif VDRL : Non Reaktif</p>	<p><b>URINALYSYS</b></p> <p>SPECIFIC GRAVITY : 1005 PROTEIN : Negative GLUCOSE : Negative</p> <p><u>MICROSCOPIC :</u></p> <p>WBC : 0-2 /hpt RBC : 0-3 /hpt CAST : Negative CRYSTALS : Negative BACTERIA : Negative</p>
CHEST X-RAY	Report <b>NORMAL</b>
<p><u>OTHER DIAGNOSTIC TEST</u></p> <p>ECG : NORMAL</p>	
<p><b>COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION</b></p> <p>The abovenamed person physically :</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p><input checked="" type="checkbox"/> <b>FIT</b></p> <p><input type="checkbox"/> <b>FIT WITH MINOR CORRECTABLE DEFECT</b></p> <p><input type="checkbox"/> <b>HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT</b></p> <p><input type="checkbox"/> <b>UNFIT TEMPORARY</b></p> <p>For duties on board ship</p> <p>Doctor's Advice</p> </div> <div style="border: 2px solid blue; padding: 5px; margin-left: 10px; text-align: center; color: blue; font-weight: bold;">             FIT TO BE DUTY ON BOARD SHIP           </div> </div>	
<p style="text-align: center;"><u><b>HEALTH CERTIFICATE</b></u></p> <p style="text-align: center;">No. : 001/MCUIS/AES/III/24</p> <p>THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO : MR. JOSUA TARIPAR ROBEL SIHOTANG AGE 31 YEARS</p> <p><b>HE IS FOUND TO BE <u>FIT</u> FOR DUTY AS : CHIEF OFFICER</b></p> <p>ISSUED AT JAKARTA DATE MARCH 01, 2024 VALID UNTIL MARCH 01, 2026</p> <div style="text-align: right; margin-top: 20px;">   <b>dr. PONY NDARUAJI</b>              Chief Physician           </div>	





## CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 001/MCUIIS/AES/III/24  
Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Date : MARCH 01, 2024

### This is to certify that

Name : MR. JOSUA TARIPAR ROBEL SIHOTANG  
Sex : Male  
Place/Date Of Birth : BELAWAN/ JULY 19, 1992  
Age : 31 Years Old  
Rank : CHIEF OFFICER

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, MARCH 01, 2024



dr. PONTI DARUAJI  
Medical Review Officer



**INDOSEHAT 2003**  
**CLINIC & MEDICAL CHECK-UP**



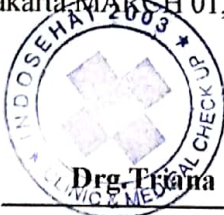
## **DENTAL HEALTH CERTIFICATE**

This is to certify that today I have examined :

Name : MR. JOSUA TARIPAR ROBEL SIHOTANG  
Age : 31 Years Old

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

Jakarta ~~MARCH~~ 01, 2024

(  )  
**Drg. Priana**  
Dentist





## DENTAL CHECK UP REPORT

MCU No. : 001/MCUIIS/AES/III/24  
Date : MARCH 01, 2024  
Name of Crew : MR. JOSUA TARIPAR ROBEL SIHOTANG  
Age : 31 Years Old

Company/Shiping Co.:

### CHIEF COMPLAINT :

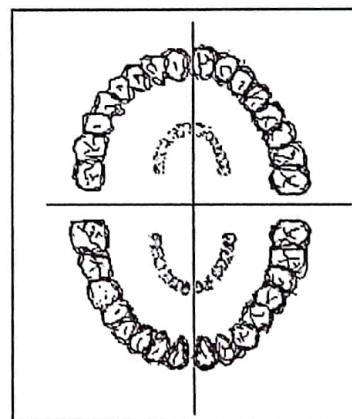
### FINDINGS :

1. Teeth Missing :

2. Carious Teeth :

3. Periodontally involved teeth :

4. Others :



### ADVISED :

Jakarta, MARCH 01, 2024





### Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. JOSUA TARIPAR ROBEL SIHOTANG  
No Client : 003276  
MCU No. : 001/MCUIS/AES/III/24  
Sex : Male  
Age : 31 Years Old

HIV	Negative
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Jakarta, MARCH 01, 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. JOSUA TARIPAR ROBEL SIHOTANG** Pengirim : **PT. ANDHINI EKAKARYA SEJAHTER**  
Umur / No. Foto : **31 TH / 003276** Rontgen : **THORAX AP**  
Tanggal Rontgen : **MARCH 01, 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 : .....

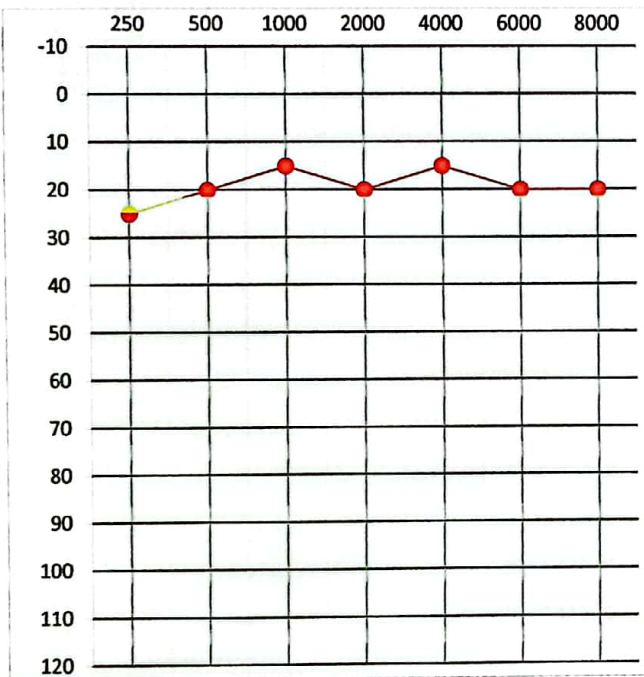
**PATIENT DATA**

Company : ANDHINI  
 Name : JOSUA TARIPAR .R.S  
 Age : 31 YO  
 No : 00-32-75

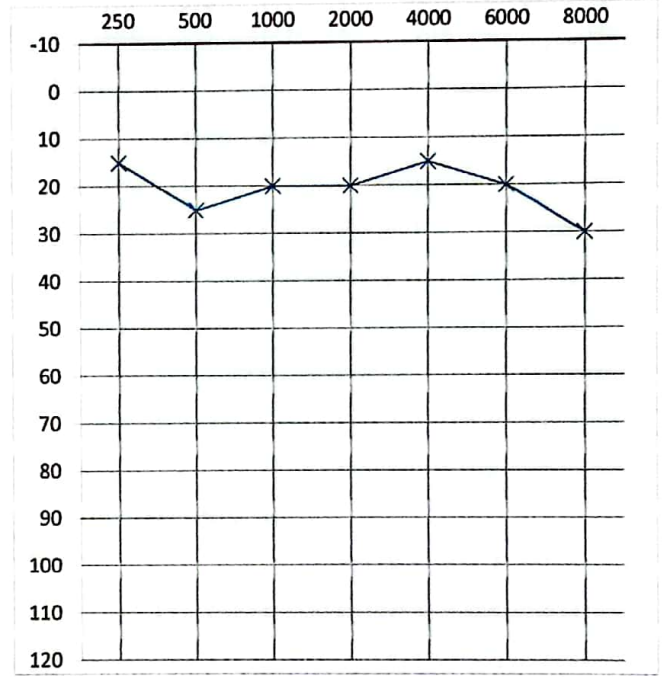
Instrument : Audiometer audiometri

**Tone Audiogram**

**RIGHT - FF1**



**LEFT - FF1**



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

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
15	25	20	20	15	20	30	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 17,5 dB

Left Ear : Ambang dengar normal 20 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM Sp. THT-KL  
 14181000170041005050501031775100102

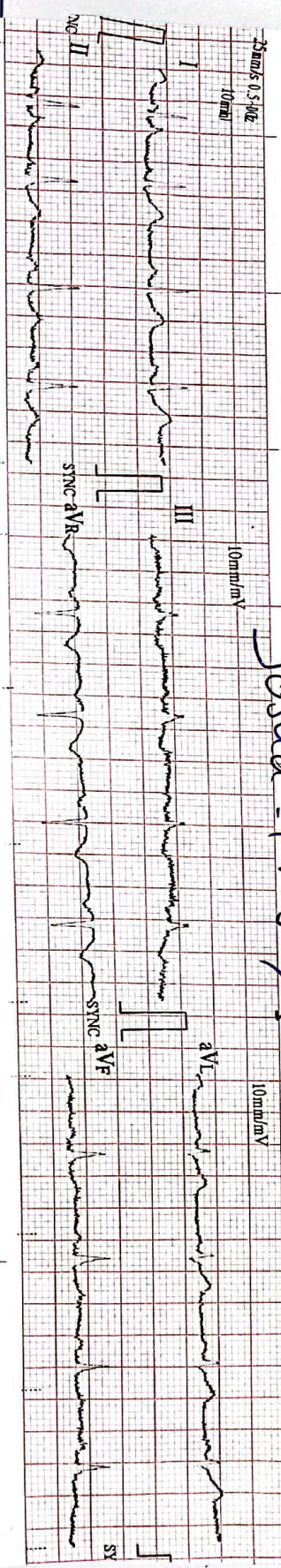
Examining Physician  
**dr Karisma Prameswari Sp.THT-KL**



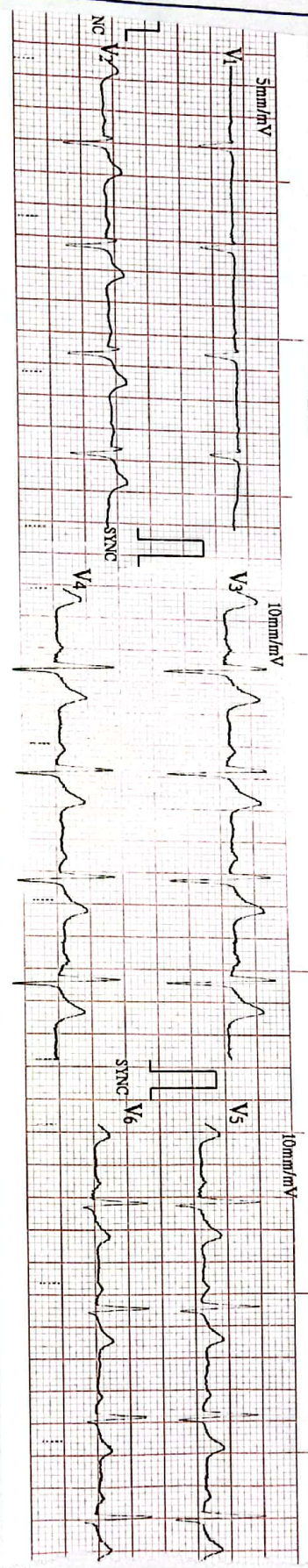
# ELECTROKARDIOGRAM REPORT

Josua T.R.S / 31h

I  
II  
III



aVR  
aVL  
aVF



V1  
V2  
V3

V4

V5

V6

# PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU : 003275

TANGGAL PERIKSA : 01 Maret 2024

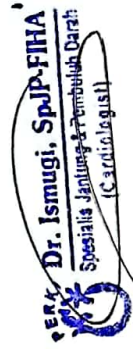
NAMA : Josua TarPar - K-5

UMUR : 31 th.

PERUSAHAAN : Andhina

KESIMPULAN : Sinus 90 x/mnt

Normal



**dr. ISMUGI SpJP, FIHA**  
CARDIOLOGIST