



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-39504-2024

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: AGUS SALIM	Nombre Given Name(s): MUHAMMAD FAJAR	Cédula / Pasaporte No. Id. Number/Passport No. E 1047518
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 14/08/1994	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	2024-01-23	
¿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 2024-01-23
Expiration Date: 2026-01-23
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/31.72.04.1005.5-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-00-24-71
NAME : MUHAMMAD FAJAR AGUS SALIM
SEX : PRIA/MALE **DATE EXAMINE** : 23 Jan 2024
PLACE & DATE OF BIRTH : WONOSOBO / 14 August 1994 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINEE : LEDOKSARI RT.001/005 KEL. SAPURAN KEC. SAPURAN
DUTY : OILER **PASSPORT** : E1047518



MEDICAL HISTORY (EXAMINEE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	177 cm	67 kg	21.40 kg/m ²	116/82 mmHg	75 X/min	18 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No						
4. BLOOD DISORDER	No	VISION	WITHOUT	WITH	COLOR VISION (ISHIHARA'S METHOD)		
5. BALANCE PROBLEM	No	Right Eye	6/6		NORMAL		
6. BACK OR JOINT PROBLEM	No	Left Eye	6/6				
7. COLOUR BLINDNESS	No	Both Eye	6/6				
8. CANCER	No	GENERAL APPEARANCE					
9. DIABETES	No	LOOKING HEALTHY					
10. DIGESTIVE DISORDER	No	NORMAL					
11. DEPRESSION	No	1. EYES					Yes
12. EPILEPSY	No	2. EARS					Yes
13. EYE / VISION PROBLEM	No	3. NOSE					Yes
14. EAR PROBLEM	No	4. MOUTH					Yes
15. FRACTURE	No	5. THROAT					Yes
16. GENITAL DISORDER	No	6. NECK					Yes
17. HEART SURGERY	No	7. THYROID					Yes
18. HEART DISEASE	No	8. LYMPH NODE					Yes
19. HIGH BLOOD PRESSURE	No	9. LUNGS					Yes
20. HERNIA	No	10. HEARTS					Yes
21. INFECTIOUS DISEASE	No	11. ABDOMEN					Yes
22. KIDNEY PROBLEM	No	12. UROGENITAL SYSTEM					Yes
23. LUNG DISEASE	No	13. UPPER EXTREMITIES					Yes
24. LIVER PROBLEM	No	14. LOWER EXTREMITIES					Yes
25. LOST OF MEMORY	No	15. BACK ABNORMALITY					Yes
26. NARCOTIC HISTORY	No	16. HERNIA					Yes
27. NEUROLOGICAL DISEASE	No	17. CENTRAL NERVOUS SYSTEM					Yes
28. OPERATION / SURGERY	No	18. SKIN & NAILS					Yes
29. PSYCHIATRIC PROBLEM	No	19. SPEECH					Yes
30. RESTRICTED MOBILITY	No	20. OTHERS					Yes
31. SKIN PROBLEM	No						
32. SLEEP PROBLEM	No						
33. THYROID PROBLEM	No						
34. TUBERCULOSIS	No						
35. SMOKING	No						
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		NIL			
• : Filling O : Caries ^ : Root Rest		Left Ear Yes					
x : Missing V : Prothesa							



KEMNAKER
KEASIHAN DOKUMEN INI
HUBUNGI
TOTOT RUMEKSO
HP. 0858 139 3019



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : MUHAMMAD FAJAR AGUS SALIM

Jenis Kelamin
Gender/Sex : PRIA/MALE

Tempat / Tanggal Lahir
Place / Date Of Birth : WONOSOBO / AUGUST 14, 1994

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.



MUHAMMAD FAJAR AGUS
SALIM

Jakarta, 23 January 2024


dr. Ponyndaruaji
Examination

Date Of Examination, January 23, 2024
Expiration Of Validity, January 22, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.MUHAMMAD FAJAR AGUS SALIM	No. MR	: 002471
MCU No.	: 027/MCUIIS/AES/I/24	Age	: 29 Years Old
Date Examination	: JANUARY 23, 2024		

Laboratory Test	Reference Ranges		Result
HAEMATOLOGY			
Haemoglobin	13.0 – 18.0	gr / dl	15,8
White Blood Cell Count	5.0 – 10.0	/ ul	8
ESR	0 - 15	mm / hour	8
DIFFERENTIAL COUNT			
Eosinophil	0 – 1	%	0,59
Basophil	1 – 3	%	5
Stab	2 – 6	%	5
Segment	50 – 70	%	61
Lymphocyte	20 – 40	%	31,5
Monocyt	2 – 8	%	7,5
Platelet/ Trombosit	150.000-440 .000		239
BLOOD CHEMISTRY			
Fasting Blood Sugar	60-110	mg / dl	94
Blood Sugar 2 PP	60-140	mg/ dl	119
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	179
Triglyseride	< 200	mg / dl	167
SGOT	< 35	U / L	23
SGPT	< 45	U / L	30
Creatinin	0,7 – 1,4	mg / dl	0,1
Ureum	15 – 45	mg / dl	21
Fosfatase Alkali	30-120	mg/ dl	65
GGT	< 49	g/ml	27
BIL TOTAL	0,2-1,0	mg/dl	0,85
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. MUHAMMAD FAJAR AGUS SALIM	No. MR	: 002471
MCU No.	: 027/MCUIIS/AES/I/24	Age	: 29 Years Old
Date Examination	: JANUARY 23, 2024		

Laboratory Test	Reference Ranges	Result
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URINALYSIS

Macroscopic		
Specific Gravity	1,010 – 1,030	1010
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		5
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 Reaktive	Non Reaktive
Hbs Ag	Non Reaktive	Non reaktive
HIV	Non Reaktive	Non reaktive

dr. Gunawan Eka Putra. Sp.PK
Chief Laboratory





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



**CERTIFICATION
DRUGS AND ALCOHOL**

MCU. No : 027/MCUIIS/AES/II/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : JANUARY 23, 2024

This is to certify that

Name : MR. MUHAMMAD FAJAR AGUS SALIM
Sex : Male
Place/Date Of Birth : WONOSOBO/AUGUST 14, 1994
Age : 29 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	: 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, JANUARY 23, 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. MUHAMMAD FAJAR AGUS SALIM
Age : 29 Years Old

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

Jakarta, JANUARY 23, 2024

()
Drg. Triana
Dentist

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



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL CHECK UP REPORT

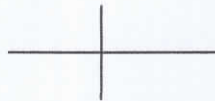
MCU No. : 027/MCUIIS/AES/I/24
Date : JANUARY 23, 2024
Name of Crew : MR. MUHAMMAD FAJAR AGUS SALIM
Age : 29 Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

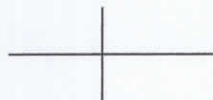
1. Teeth Missing :



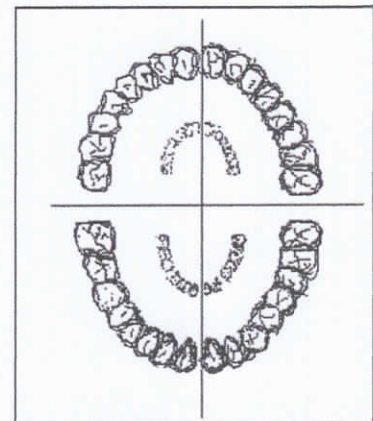
2. Carious Teeth :



3. Periodontally involved teeth :



4. Others :



ADVISED :

Jakarta, JANUARY 23, 2024



(Drg. Triana)



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. MUHAMMAD FAJAR AGUS SALIM
No Client : 002471
MCU No. : 027/MCUIS/AES/I/24
Sex : Male
Age : 29 Years Old

HIV	Negative
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Jakarta, JANUARY 23, 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

PT. ANDHINI EKAKARYA SEJAHTER

Nama Pasien : MR. MUHAMMAD FAJAR AGUS SALIM Pengirim :
Umur / No. Foto : 29 TH / 002471 Rontgen : THORAX AP
Tanggal Rontgen : JANUARY 23, 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.C.1/3/-1.779.3/e/2020

dr. ROSALINA, Sp. Rad.
21/B.15b/31.72.04.1005.05.C.1/3/-1.779.3/e/2020

Radiolog / Assisten : Tanda tangan :

PATIENT DATA

Company : ANDHINI

Name : MUHAMMAD FAJAR AGI

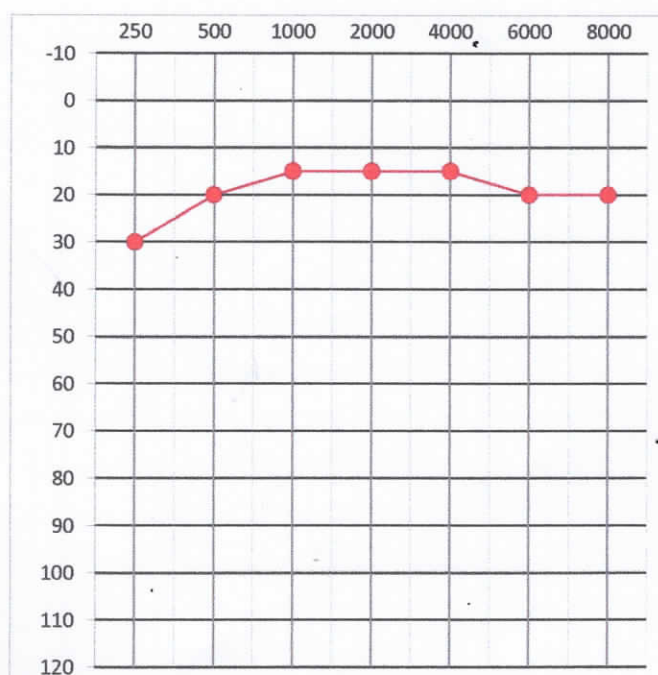
Age : 29 YO

No : 00-24-71

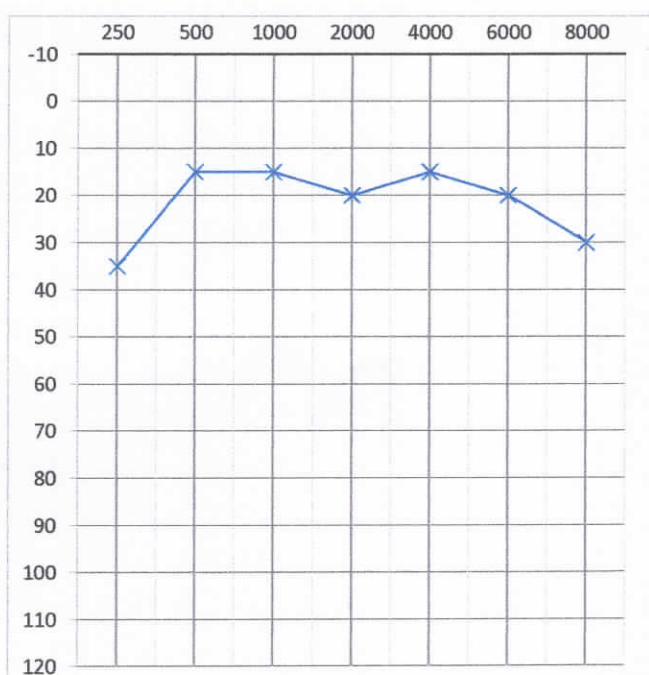
Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1



LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
30	20	15	15	15	20	20	16,25

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
35	15	15	20	15	20	30	16,25

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 :

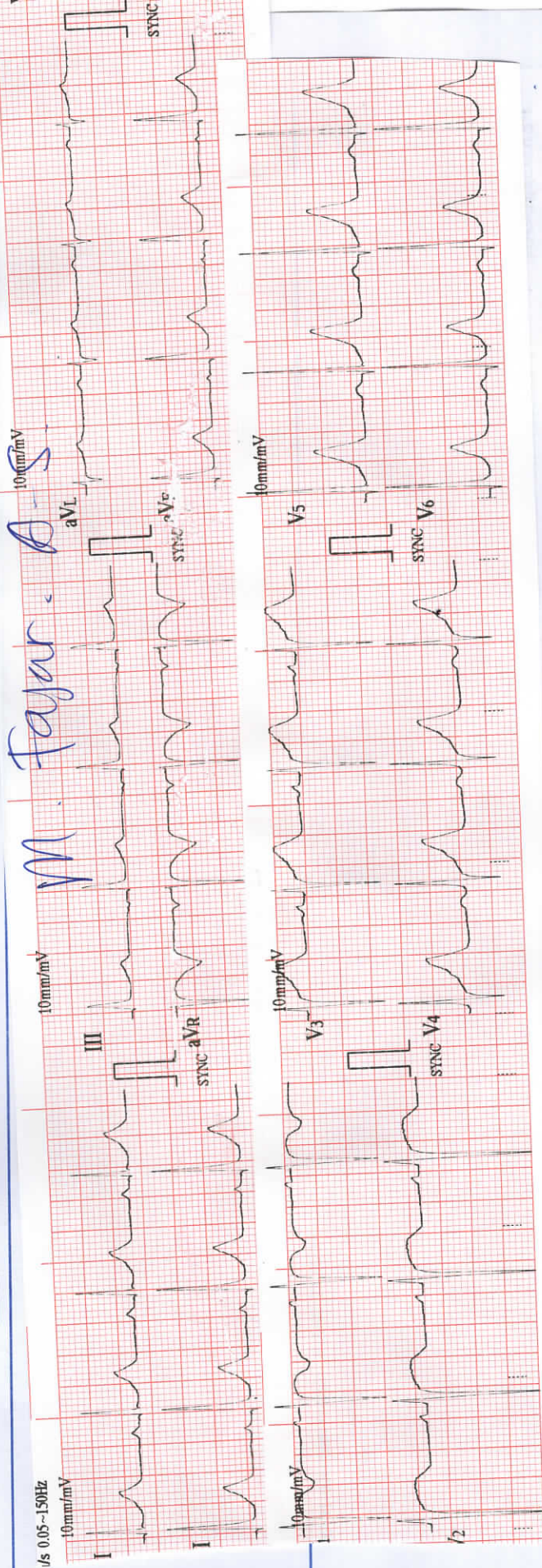
Left Ear :

Conclusion :

dr. KARISMA PRAMESWARI PM, Sp. THT-KL
1419.15B/31.72.04.1005.05.005.C.1/31-1.779.3/e/2021

Examining Physician
dr Karisma Prameswari Sp.THT-KL

ELEKTROKARDIOGRAM REPORT



I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU

: 00-24-71-

TANGGAL PERIKSA

: 23 Januari 2024

NAMA

: M. Fajar - A-5.

UMUR

: 29 t

PERUSAHAAN

: Andhoni

KESIMPULAN

: Sinus 75 x/mnt

Normal

Dr. Dr. Ismugi, SpJP, FIHA
Spesialis Jantung & Pembuluh Darah
(Cardiologist)

dr. ISMUGI SpJP, FIHA
CARDIOLOGIST