



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-40909-2024

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: SULISTIYO	Nombre Given Name(s): YUDHO	Cédula / Pasaporte No. Id. Number/Passport No. E 2977666
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 26/09/1988	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		2024-02-20
¿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-1/9. 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-1/9.		Firma de la Gente de Mar Seafarer's Signature

Date of Issue 2024-02-21
Expiration Date: 2026-02-21
Name of the recognized medical practitioner: Pony Ndarujaji



Firma y sello del médico reconocido/Signature and Stamp of the recognized medical practitioner
dr. Pony Ndarujaji
SIP No: 101B.15A/31.72.04.1005 9.K-3/41-1.770.3/1e/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.





INDOSEHAT 2003

CLINIC & MEDICAL CHECK-UP



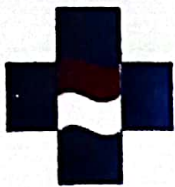
MEDICAL EXAMINATION REPORT

COMPANY : PT. ANDHINI EKAKARYA SEJAHTERA
MCU NO. : CLC-00-30-24
NAME : YUDHO SULISTIYO
SEX : PRIA/MALE **DATE EXAMINE** : 20 Feb 2024
PLACE & DATE OF BIRTH : LAMPUNG / 26 September 1988 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINE : KP. MALANG NENGAH RT. 012/001 KEL. PANCALAKSANA KEC. CURUG KOTA SERANG
DUTY : SECOND ENGINEER **PASSPORT** : E2977666



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	167 cm	75 kg	26.00 kg/m ²	103/73 mmHg	78 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 (ISIHARA'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		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		NIL		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
Name : YUDHO SULISTIYO
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : LAMPUNG / SEPTEMBER 26, 1988
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : SECOND ENGINEER



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.



YUDHO SULISTIYO

Jakarta, 20 February 2024



Date Of Examination, February 20, 2024
Expiration Of Validity, February 19, 2026



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. YUDHO SULISTIYO	No. MR	: 003024
MCU No.	: 015/MCUIIS/AES/II/24	Age	: 35 Years Old
Date Examination	: FEBRUARY 20, 2024		

Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	17
White Blood Cell Count	5.0 – 10.0	/ ul	7
ESR	0 - 15	mm / hour	7
DIFFERENTIAL COUNT			
Eosinophil	0 - 1	%	0,5
Basophil	1 - 3	%	6
Stab	2 - 6	%	6
Segment	50 - 70	%	63
Lymphocyte	20 - 40	%	30,6
Monocyt	2 - 8	%	6
Platelet/ Trombosit	150.000-440 .000		164

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	98
Blood Sugar 2 PP	60-140	mg/ dl	135
Random Glucose	60 - 180	mg / dl	
Cholesterol	< 200	mg / dl	163
Triglyseride	< 200	mg / dl	131
SGOT	< 35	U / L	24
SGPT	< 45	U / L	30
Creatinin	0,7 - 1,4	mg / dl	0,9
Ureum	15 - 45	mg / dl	27
Fosfatase Alkali	30-120	mg/ dl	56
GGT	< 49	g/ml	25
BIL TOTAL	0,2-1,0	mg/dl	0,94
BIL DIRECT	0,1-1,2	mg/dl	



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. YUDHO SULISTIYO	No. MR	: 003024
MCU No.	: 015/MCUIS/AES/II/24	Age	: 35 Years Old
Date Examination	: FEBRUARY 20, 2024		

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

URINALYSIS

Macroscopic

Specific Gravity	1,010 – 1,030	1020
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		5,5

Microscopic

Sediment

Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-1
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





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 : 015/MCUI/AES/II/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : FEBRUARY 20, 2024

This is to certify that

Name : MR. YUDHO SULISTIYO
Sex : Male
Place/Date Of Birth : LAMPUNG/ SEPTEMBER 26, 1988
Age : 35 Years Old
Rank : SECOND ENGINEER

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

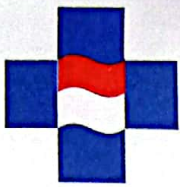
Note

N/E : Not Examine

JAKARTA, FEBRUARY 20, 2024



dr. PONY NDARU AJI
Medical Review Officer



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. YUDHO SULISTIYO
Age : 35 Years Old

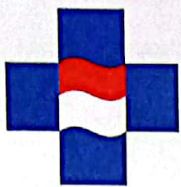
And was found him / her dentally **FIT**.

Jakarta, FEBRUARY 2024



(**Drg. Fritia**)

Dentist



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL CHECK UP REPORT

MCU No. : 015/MCUIS/AES/II/24
Date : FEBRUARY 20, 2024
Name of Crew : MR. YUDHO SULISTIYO
Age : 35Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

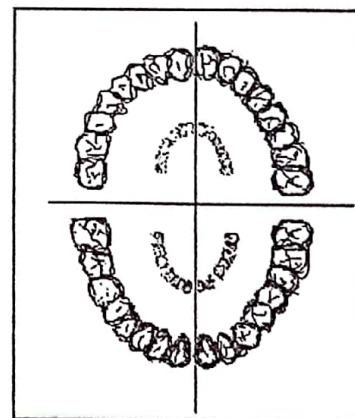
1. Teeth Missing :

--
2. Carious Teeth :

--
3. Periodontally involved teeth :

--
4. Others :

--



ADVISED :

Jakarta, FEBRUARY 20, 2024





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declare that Anti HIV Test Result From

Name: **MIR. YUDHO SULISTYO**
No. Clinic: **0000028**
MCT No: **00000000000000000000**
Sex: **Male**
Age: **37 Years Old**

HIV	Negative
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Jakarta, FEBRUARY 20, 2004

Examiner



dr. PONY NDARUJATI
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. YUDHO SULISTIYO PT. ANDHINI EKAKARYA SEJAHTER
Umur / No. Foto : 35 TH / 003024 Pengirim : THORAX AP
Tanggal Rontgen : FEBRUARY 20, 2024 Rontgen :
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

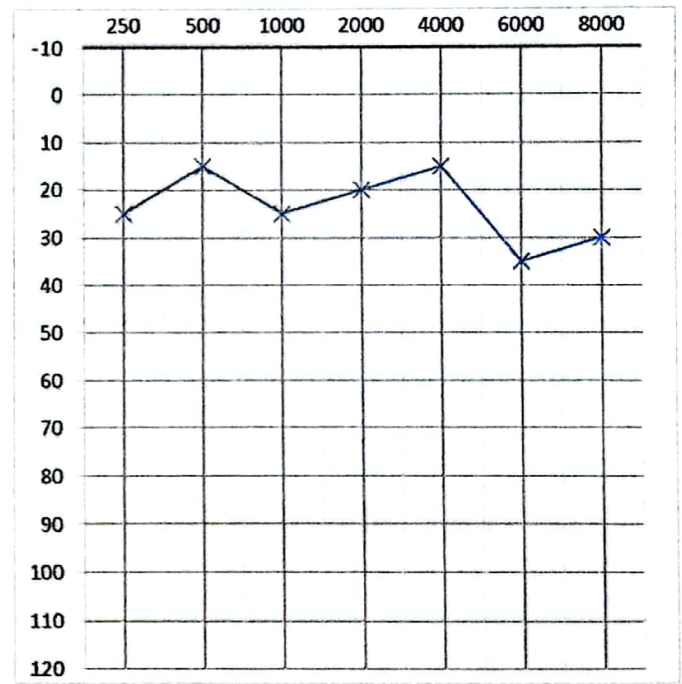
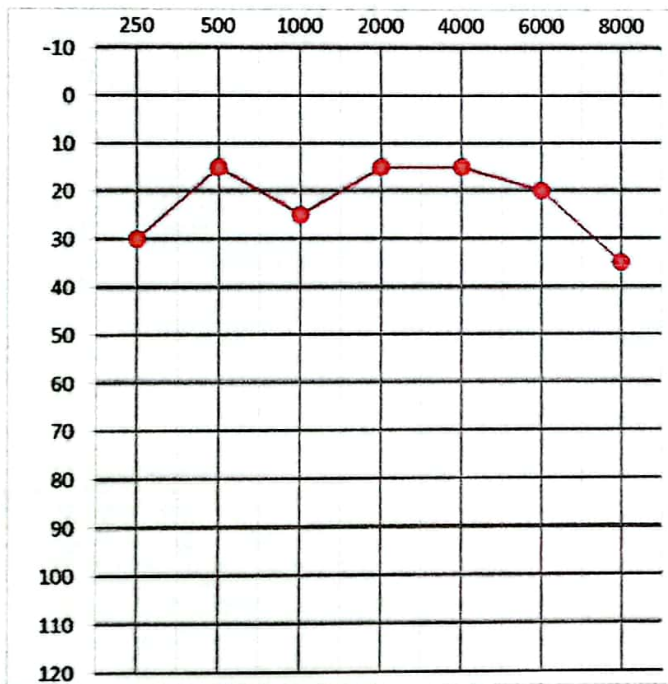
Company : ANDHINI
 Name : YUDHO S
 Age : 38 YO
 No : 00-30-24

Instrument : Audiometer audiometri

Tone Audiogram

RIGHT - FF1

LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
30	15	25	15	15	20	35	17,5

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	15	25	20	15	35	30	18,75

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

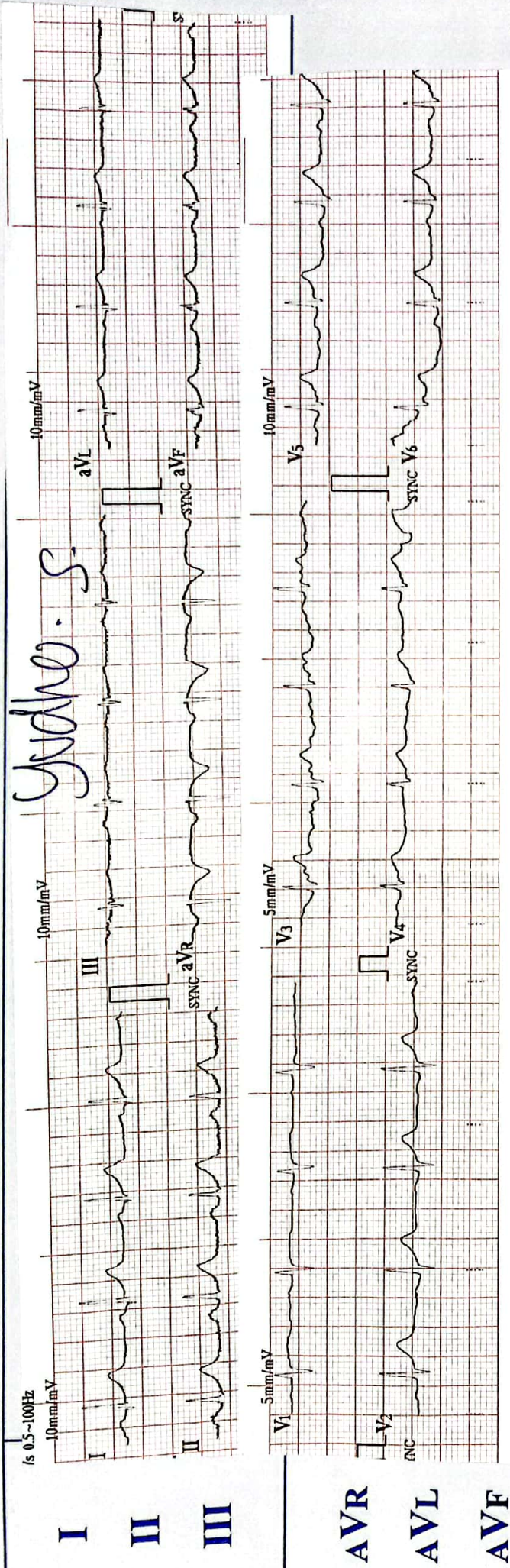
Left Ear : Ambang dengar normal 18,75 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI FM SC 111
 14 9 150/21 72 04 1005 05 005 C 1.3 1179 24/02/2024

Examining Physician
 dr. Karisma Prameswari Sp.THT-KL

ELECTROKARDIOGRAM REPORT



PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU

: 00.30.24.

TANGGAL PERIKSA

: 20 Februari 2024.

NAMA

: Yudho. S.

UMUR

: 28 t

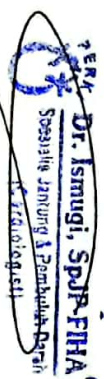
PERUSAHAAN

: Andhini

KESIMPULAN

: Sinus 84 x / mnt

Normal



dr. ISMUGI SpJP, FIHA
CARDIOLOGIST