

Nama : 002320

Umur : Andi Hardiansyah

Tanggal Periksa :

Alamat : 20-06-92

Golongan Darah

AB

Rhesus



Anti : A



Anti : B



Anti : AB



Anti : Rh



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-39289-2024

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: HARDIANSYAH	Nombre Given Name(s): ANDI	Cédula / Pasaporte No. Id. Number/Passport No. X 1061526
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 20/06/1992	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	2024-01-16	
¿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: 2024-01-18  
Expiration Date: 2026-01-18  
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.: 10/03.15A/31.72.04.1005.9.K-3/4-1.779.3/e/2022

Reg: 3111100317053064

- El original de este certificado debe 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

<b>COMPANY</b>	: PT. ANDHINI EKAKARYA SEJAHTERA		
<b>MCU NO.</b>	: CLC-00-23-20		
<b>NAME</b>	: ANDI HARDIANSYAH		
<b>SEX</b>	: PRIA/MALE	<b>DATE EXAMINE</b> : 16 Jan 2024	
<b>PLACE &amp; DATE OF BIRTH</b>	: JAKARTA / 20 June 1992	<b>NATIONALITY</b> : INDONESIA	
<b>MAILING ADDRESS OF EXAMINE</b>	: JL. ALUR LAUT I NO. 4 RT. 004/003 KEL. RAWA BADAK SELATAN KEC. KOJA		
<b>DUTY</b>	: SECOND OFFICER	<b>PASSPORT</b> : X1061526	

MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>BLOOD PRESSURE</b>	<b>PULSE REGULAR</b>	<b>RESPIRATORY RATE</b>
1. ALCOHOL HISTORY	No	169 cm	67 kg	23.00 kg/m <sup>2</sup>	120/77 mmHg	68 X/min	18 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No						
4. BLOOD DISORDER	No	<b>VISION</b>	<b>WITHOUT</b>	<b>WITH</b>	<b>COLOR VISION (ISHARA'S METHOD)</b>		
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	<b>GENERAL APPEARANCE</b>					
9. DIABETES	No	LOOKING HEALTHY					
10. DIGESTIVE DISORDER	No	<b>NORMAL</b> 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					
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						
<b>DENTAL EXAMINATION</b>		<b>HEARING</b>		<b>If abnormal, give details</b>			
8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8 8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8 • : Filling O : Caries ^ : Root Rest x : Missing V : Prothesa		Right Ear NORMAL Left Ear Yes Yes		NIL <b>TOTOT RUMEKSO</b> <b>HP. 0858 1392 5019</b>			







**SURAT KETERANGAN**  
**TO WHOM IT MAY CONCERN**

**Dengan ini kami menerangkan bahwa :**  
*Here with acknowledge that :*

**Nama**  
*Name* : ANDI HARDIANSYAH  
**Jenis Kelamin**  
*Gender/Sex* : PRIA/MALE  
**Tempat / Tanggal Lahir**  
*Place / Date Of Birth* : JAKARTA / JUNE 20, 1992  
**Perusahaan**  
*Company* : PT. ANDHINI EKAKARYA SEJAHTERA  
**Jabatan**  
*Occupation* : SECOND OFFICER



**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.*



ANDI HARDIANSYAH

**Date Of Examination, January 16, 2024**  
**Expiration Of Validity, January 15, 2026**

Jakarta, 16 January 2024





## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	<b>Sex</b>	: Male
<b>Name</b>	: MR. ANDI HARDIANSYAH	<b>No. MR</b>	: 002320
<b>MCU No.</b>	: 020/MCUIS/AES/1/24	<b>Age</b>	: 31 Years Old
<b>Date Examination</b>	: JANUARY 16, 2024		

Laboratory Test	Reference Ranges	Result
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### HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	15,1
White Blood Cell Count	5.0 – 10.0	/ ul	8
ESR	0 - 15	mm / hour	8

### DIFFERENTIAL COUNT

Eosinophil	0 – 1	%	0,5
Basophil	1 – 3	%	3
Stab	2 – 6	%	3
Segment	50 – 70	%	56
Lymphocyte	20 – 40	%	34,8
Monocyt	2 – 8	%	9,5
Platelet/ Trombosit	150.000-440.000		295

### BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	98
Blood Sugar 2 PP	60-140	mg/ dl	110
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	175
Triglyceride	< 200	mg / dl	84
SGOT	< 35	U / L	18
SGPT	< 45	U / L	22
Creatinin	0,7 – 1,4	mg / dl	0,8
Ureum	15 – 45	mg / dl	21
Fosfatase Alkali	30-120	mg/ dl	64
GGT	< 49	g/ml	23
BIL TOTAL	0,2-1,0	mg/dl	0,6
BIL DIRECT	0,1-1,2	mg/dl	



## REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR. ANDI HARDIANSYAH	No. MR	: 002320
MCU No.	: 020/MCUIIS/AES/I/24	Age	: 31 Years Old
Date Examination	: JANUARY 16, 2024		

Laboratory Test	Reference Ranges	Result
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### URINALYSIS

Macroscopic		
Specific Gravity	1,010 – 1,030	1015
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		6
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-4
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 of Laboratory





LABORATORY FINDING	
<p><b>BLOOD TEST</b></p> <p><u>HEMATOLOGY</u></p> <p>HB : 15,1 gr/dl WBC : 5,1 DIFF COUNT : 0,5/1,8/3/56/34,8/9,5</p> <p><u>BLOOD CHEMISTRY</u></p> <p>CHOLESTEROL : 175 mg / dl TRYGLISERIDES : 84 mg / dl</p> <p>GDS : mg / dl SGOT : 18 U/L SGPT : 22 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>URINALYSIS</b></p> <p>SPECIFIC GRAVITY : 1015 PROTEIN : Negative GLUCOSE : Negative</p> <p><u>MICROSCOPIC :</u></p> <p>WBC : 0-4 / hpt RBC : 0-3 / hpt CAST : Negative CRYSTALS : Negative BACTERIA : Negative</p>
<p><b>CHEST X-RAY</b> Report <b>NORMAL</b></p>	
<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="border: 2px solid blue; padding: 5px; transform: rotate(-2deg); display: inline-block; margin: 10px 0;"> <b>FIT TO BE DUTY ON BOARD SHIP</b> </div> <p> <input checked="" type="checkbox"/> <b>FIT</b>  <input type="checkbox"/> <b>FIT WITH MINOR CORRECTABLE DEFECT</b>  <input type="checkbox"/> <b>HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT</b>  <input type="checkbox"/> <b>UNFIT TEMPORARY</b> </p> <p>For duties on board ship Doctor's Advice</p>	
<p style="text-align: center;"><b><u>HEALTH CERTIFICATE</u></b></p> <p style="text-align: center;">No. : 020/MCUIS/AES/I/24</p> <p>THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO : MR. ANDI HARDIANSYAH AGE 31 YEARS</p> <p><b>HE IS FOUND TO BE <u>FIT</u> FOR DUTY AS : SECOND OFFICER</b></p> <p>ISSUED AT JAKARTA DATE JANUARY 16, 2024 VALID UNTIL JANUARY 16, 2026</p> <div style="text-align: right; margin-top: 20px;">   <b>dr. RONY NDARUAJI</b>              Chief Physician         </div>	



## CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 020/MCUIIS/AES/II/24  
Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Date : JANUARY 16, 2024

This is to certify that

Name : MR. ANDI HARDIANSYAH  
Sex : Male  
Place/Date Of Birth : JAKARTA/ JUNE 20, 1992  
Age : 31 Years Old  
Rank : SECOND 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, JANUARY 16, 2024



dr. PONY NDARUAJI  
Medical Review Officer





## DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. ANDI HARDIANSYAH  
Age : 31 Years Old

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

Jakarta, JANUARY 16, 2024

  
( Drg. Iriana )  
Dentist



## DENTAL CHECK UP REPORT

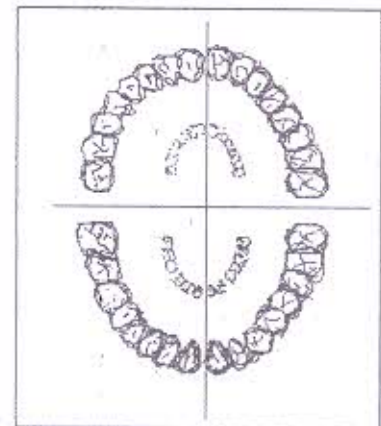
MCU No. : 020/MCUIS/AES/I/24  
Date : JANUARY 16, 2024  
Name of Crew : MR. ANDI HARDIANSYAH  
Age : 31 Years Old

Company/Shiping Co.:

### CHIEF COMPLAINT :

### FINDINGS :

1. Teeth Missing :
2. Carious Teeth :
3. Periodontally involved teeth :
4. Others :



### ADVISED :

Jakarta, JANUARY 16, 2024

(  )  
Drg. Triana  
CLINIC & MEDICAL CHECK UP





### Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. ANDI HARDIANSYAH  
No Client : 002320  
MCU No. : 020/MCUIS/AES/I/24  
Sex : Male  
Age : 31 Years Old

HIV	Negative
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Jakarta, JANUARY 16, 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. ANDI HARDIANSYAH ..... Pengirim : RT. ANDHINI EKAKARYA SEJAHTER

Umur / No. Foto : 31 TH / 002320 ..... Rontgen : THORAX AP .....

Tanggal Rontgen : JANUARY 16, 2024 .....

Yth. Ts.

## CHEST C-RAY POSTEROANTERIOR PROJECTION :

No sign of heart enlargement

Normal bronchovascular pattern

No sign of infiltrate of nodule 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 : .....



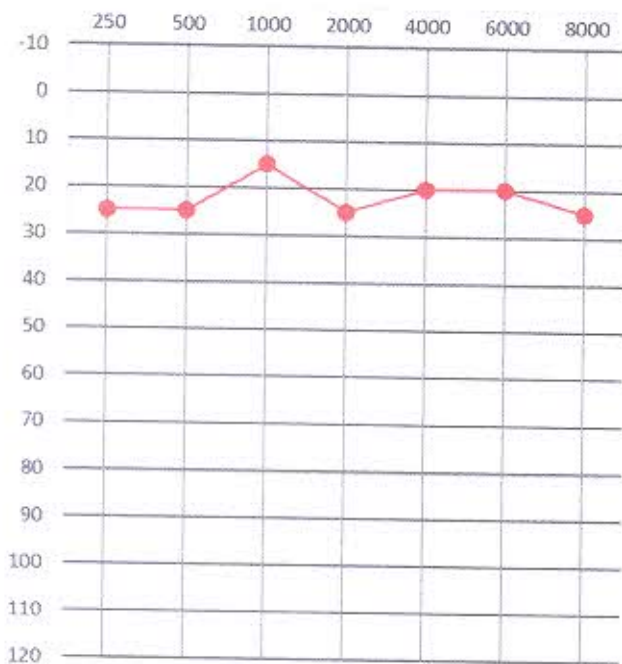
# PATIENT DATA

Company : PT. ANDHINI EKAKARYA SEJAHTERA  
 Name : ANDI HARDIANSYAH  
 Age : 31 YO  
 No : 00-23-20

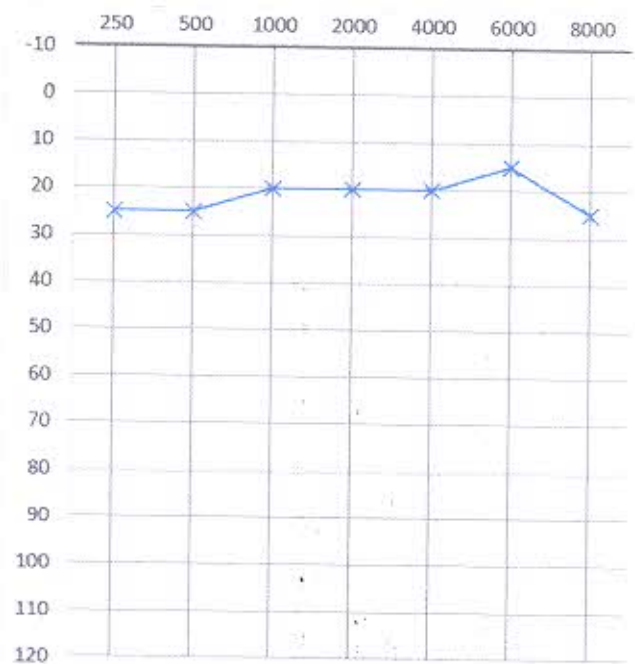
Instrument : Audiometer audiometric

## Tone Audiogram

RIGHT - FF1



LEFT - FF1



Right Ear Air Conduction							Right Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	25	15	25	20	20	25	21,25

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	25	20	20	20	15	25	21,25

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 : Ambang dengar normal 21,25 dB

Left Ear : Ambang dengar normal 21,25 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM Sp.THT-KL  
 1418158031720410050520051101118112021

Examining Physician  
 dr. Karisma Prameswari Sp.THT-KL

# ELEKTROKARDIOGRAM REPORT

ANDI HARDIANSYAH

25mm/s 0.5-100Hz

10mm/mV

10mm/mV

10mm/mV

I

II

III



AVR

AVL

AVF



V1

V2

V3

V4

V5

V6



## PEMERIKSAAN ELECTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU : 00.23.20

TANGGAL PERIKSA : 16 / 1 / 2024

NAMA : Andi Hardiansyah

UMUR : 31 thn

PERUSAHAAN : Pt Andhini Ekakarya Sejahtera

KESIMPULAN : Sinus 62 x / mnt  
Normal

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