



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-46085-2024

Este certificado se emite en conformidad con las disposiciones de la regla I/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 I/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.

<b>Apellido</b> Surname: <b>SUPANGKAT</b>	<b>Nombre</b> Given Name(s): <b>HERLAMBANG JARING</b>	<b>Cédula / Pasaporte No.</b> Id. Number/Passport No. <b>E 6967141</b>
<b>Fecha de Nacimiento(dd/mm/aaaa):</b> Date of Birth(dd/mm/yyyy) <b>07/03/1991</b>	<b>Nacionalidad:</b> Nationality <b>Indonesia</b>	<b>Sexo:</b> Sex <b>Male</b>
		<b>Yes</b> <b>No</b>
¿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		2024-05-30
¿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 Expiration Date: Name of the recognized medical practitioner:	2024-05-31 2026-05-31 Pony Ndaruaji	Firma y sello del medico reconocido/Signature and Stamp of the recognized medical practitioner <b>dr. Pony Ndaruaji</b> SIP No : 1018.15A/31.72.04.1005.9.K-314-1.779.316/2022 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 debería 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-00-51-19  
**NAME** : HERLAMBAJ JARING SUPANGKAT  
**SEX** : PRIA/MALE **DATE EXAMINE** : 30 May 2024  
**PLACE & DATE OF BIRTH** : BANYUMAS / 07 March 1991 **NATIONALITY** : INDONESIA  
**MAILING ADDRESS OF EXAMINE** : PANDAK RT. 003/002 KEL. PANDAK KEC. SUMPIUH KOTA BANYUMAS  
**DUTY** : SECOND ENGINEER **PASSPORT** : E 6967141



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	172 cm	65 kg	22.00 kg/m <sup>2</sup>	135/89 mmHg	80 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 (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. 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					
8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8		Right Ear Yes					
• : Filling O : Caries ^ : Root Rest		Left Ear Yes					
x : Missing V : Prothesa							



KEASLIAN DOKUMEN INI  
HUBUNGI  
**TOTOT RUMEKSO**  
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** : HERLAMBAJ JARING SUPANGKAT  
*Name*  
**Jenis Kelamin** : PRIA/MALE  
*Gender/Sex*  
**Tempat / Tanggal Lahir** : BANYUMAS / MARCH 07, 1991  
*Place / Date Of Birth*  
**Perusahaan** : PT. ANDHINI EKAKARYA SEJAHTERA  
*Company*  
**Jabatan** : SECOND ENGINEER  
*Occupation*



**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.*



HERLAMBAJ JARING  
SUPANGKAT

**Date Of Examination, May 30, 2024**  
**Expiration Of Validity, May 30, 2026**

Jakarta, 30 May 2024  
  
**dr. Pony Nuaraji**  
Examination



## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	<b>Sex</b>	: Male
<b>Name</b>	: MR.HERLAMBANG JARING SUPANGKAT	<b>No. MR</b>	: 005119
<b>MCU No.</b>	: 047/MCUIIS/AES/V/24	<b>Age</b>	: 33 Years Old
<b>Date Examination</b>	: MAY 30, 2024		

Laboratory Test	Reference Ranges	Result
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### HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	14,4
White Blood Cell Count	5.0 – 10.0	/ ul	7
ESR	0 - 15	mm / hour	7
<b>DIFFERENTIAL COUNT</b>			
Eosinophil	0 – 1	%	0,40
Basophil	1 – 3	%	3
Stab	2 – 6	%	3
Segment	50 – 70	%	54
Lymphocyte	20 – 40	%	39,2
Monocyt	2 – 8	%	6,90
Platelet/ Trombosit	150.000-440 .000		215

### BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	98
Blood Sugar 2 PP	60-140	mg/ dl	107
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	155
Triglyseride	< 200	mg / dl	125
SGOT	< 35	U / L	23
SGPT	< 45	U / L	29
Creatinin	0,7 – 1,4	mg / dl	0,80
Ureum	15 – 45	mg / dl	22
Fosfatase Alkali	30-120	mg/ dl	44
GGT	< 49	g/ml	36
BIL TOTAL	0,2-1,0	mg/dl	1
BIL DIRECT	0,1-1,2	mg/dl	



## REPORT LABORATORY RESULT

**Company** : PT. ANDHINI EKAKARYA SEJAHTERA  
**Name** : MR.HERLAMBANG JARING SUPANGKAT **Sex** : Male  
**MCU No.** : 047/MCUIS/AES/V/24 **No. MR** : 005119  
**Date Examination** : MAY 30, 2024 **Age** : 33 Years Old

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

### URINALYSIS

Macroscopic		
Specific Gravity	1,010 – 1,030	1010
Albumin	Negative	Negative
Glucose	Negative	Negative
PH		6
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-2
RBC / hpf	1 – 4	0-2
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

**dr. Gunawan Eka Putra, Sp.PK**  
Chief Laboratory







**LABORATORY FINDING**

**BLOOD TEST**

**URINALYSIS**

**HEMATOLOGY**

HB : 14,4 gr/dl  
WBC : 6,04  
DIFF COUNT : 0,40/2,37/3/54/39,2/6,9

SPECIFIC GRAVITY : 1010  
PROTEIN : Negative  
GLUCOSE : Negative

**BLOOD CHEMISTRY**

CHOLESTEROL : 155 mg / dl  
TRYGLISERIDES : 125 mg / dl

**MICROSCOPIC :**

WBC : 0-2 / hpt  
RBC : 0-2 / hpt  
CAST : Negative  
CRYSTALS : Negative  
BACTERIA : Negative

GDS : mg / dl  
SGOT : 23 U/L  
SGPT : 29 U/L  
Creatinin : 0,80 mg / dl

**SEROLOGY / IMUNOLOGI**

Hbs Ag : Non reaktif  
HIV : Non reaktif  
VDRL : Non Reaktif

**CHEST X-RAY**

Report

**NORMAL**

**OTHER DIAGNOSTIC TEST**

ECG : NORMAL

**COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION**

The abovenamed person physically :

☒ **FIT**

☐ **FIT WITH MINOR CORRECTABLE DEFECT**

☐ **HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT**

☐ **UNFIT TEMPORARY**

For duties on board ship

Doctor's Advice

**FIT TO BE DUTY ON BOARD SHIP**

**HEALTH CERTIFICATE**

No. : 047/MCUIS/AES/V/24

THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO:  
MR. HERLAMBANG JARING SUPANGKAT

AGE 33 YEARS

**HE IS FOUND TO BE FIT FOR DUTY AS : SECOND ENGINEER**

ISSUED AT JAKARTA

DATE MAY 30, 2024

VALID UNTIL MAY 30, 2026



**dr. PONY NDARUAJI**  
Chief Physician



## CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 047/MCUIS/AES/V/24  
Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Date : MAY 30, 2024

### This is to certify that

Name : MR. HERLAMBANG JARING SUPANGKAT  
Sex : Male  
Place/Date Of Birth : BANYUMAS/ MARCH 07, 1991  
Age : 33 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, MAY 30, 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. HERLAMBANG JARING SUPANGKAT  
Age : 33 Years Old

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

Jakarta, MAY 30, 2024

(  )  
Dentist





## DENTAL CHECK UP REPORT

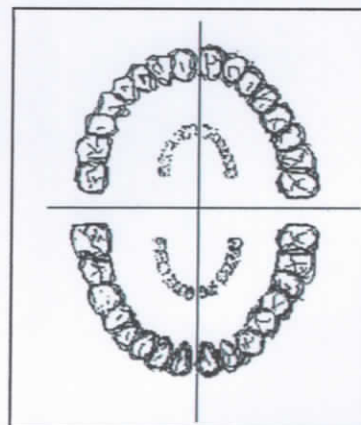
MCU No. : 047/MCUIS/AES/V/24  
Date : MAY 30, 2024  
Name of Crew : MR. HERLAMBAJANG JARING SUPANGKAT  
Age : 33Years Old

Company/Shiping Co.:

### CHIEF COMPLAINT :

### FINDINGS :

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



### ADVISED :

Jakarta, MAY 30, 2024

(  )  
Drg. Triana



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



### Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

**Name** : MR. HERLAMBANG JARING SUPANGKAT  
**No Client** : 005119  
**MCU No.** : 047/MCUIS/AES/V/24  
**Sex** : Male  
**Age** : 33 Years Old

HIV	Negative
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Jakarta, MAY 30, 2024



**dr. PONY NDARUAJI**  
Medical Review Officer

Examiner

Laboratory Analyst



## KLINIK UTAMA INDOSEHAT 2003 MEDICAL CENTRE

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

Nama Pasien : MR. HERLAMBAH JARING SUPANGKAT Pengirim : PT. ANDHINI EKAKARYA SEJAHTER  
Umur / No. Foto : 33 TH / 005119 Rontgen : THORAX AP  
Tanggal Rontgen : MAY 30, 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**

ROSALINA, Sp. Rad.

(58/31.72.04.1005.05.005.C.1/3/-1.779.3/e)

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 :



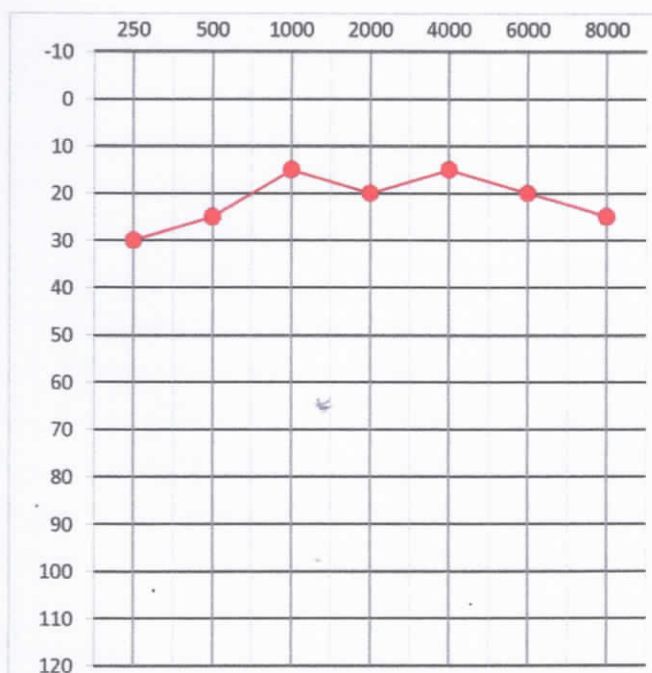
# PATIENT DATA

Company : ANDHINI  
 Name : HERLAMBAJANG JARING. S  
 Age : 33 YO  
 No : 00-51-19

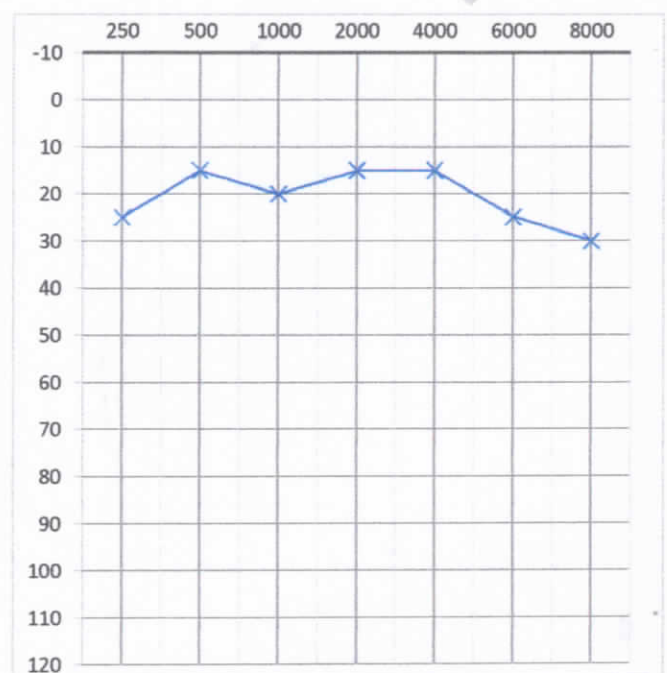
Instrument : Audiometer audiometri

## Tone Audiogram

RIGHT - FF1



LEFT - FF1



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

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	15	20	15	15	25	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 : Ambang dengar normal 18,75 dB

Left Ear : Ambang dengar normal 16,25 dB

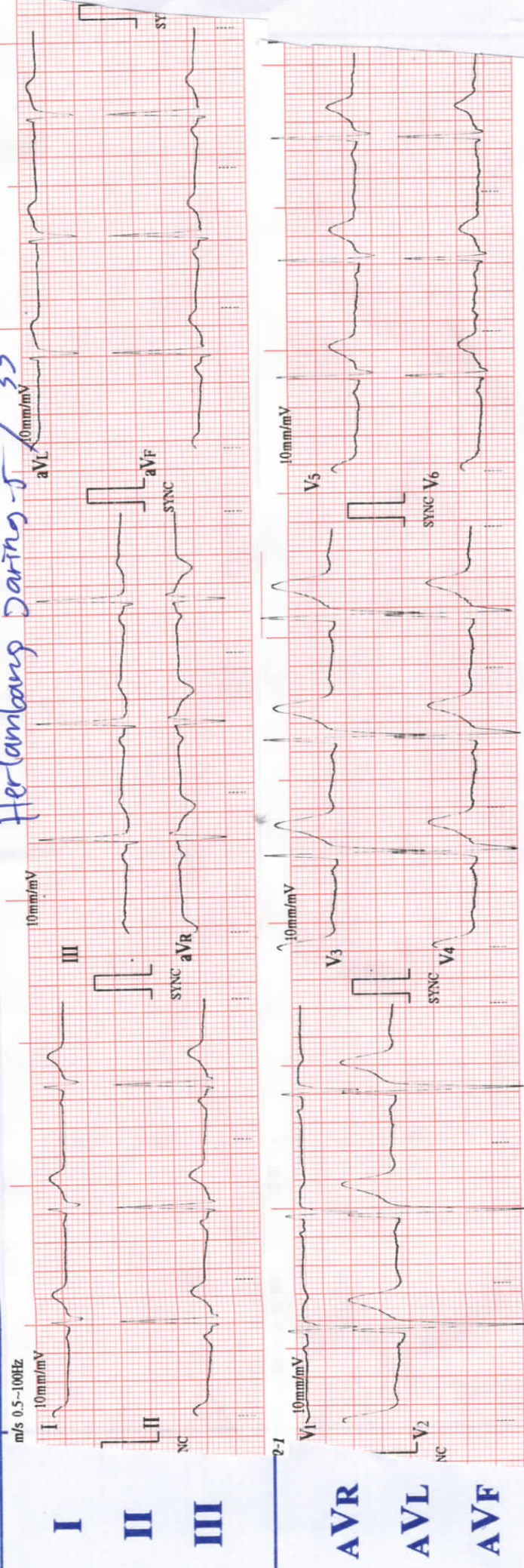
Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI PM Sp. THT-KL  
 14/B 15B/31.72.04.1005.05.005 C 1/3-1.7.19 3e/2021

Examining Physician  
 dr. Karisma Prameswari Sp. THT-KL

# ELEKTROKARDIOGRAM REPORT

Herlambang Dariningsih 33



	V1 V2 V3
	V4 V5 V6

# PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU : 005719.

TANGGAL PERIKSA : 20 Mei 2020

NAMA : Herlambang Jaring - S

UMUR : 33 th

PERUSAHAAN : Andhinar

KESIMPULAN : sinus 74 x /mnt  
Normal

Dr. Ismugi, SpJP-FIHA  
(Cardiologist)

dr. ISMUGI SpJP, FIHA  
CARDIOLOGIST