



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-41567-2024

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: MULYADI	Nombre Given Name(s): MUS	Cédula / Pasaporte No. Id. Number/Passport No. C 8679399
Fecha de Nacimiento(dd/mm/aaaa): Date of Birth(dd/mm/yyyy) 16/06/1980	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"/>
Confirmando 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: 2025-03-02
Name of the recognized medical practitioner: Pony Ndaruaji

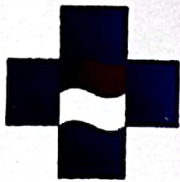


Firma y sello del médico reconocido/Signature and Stamp of the recognized medical practitioner
dr. Pony Ndaruaji
S/P No.: 1018.15A/31.72.04.1005.9.K-3/4/-1.779.3/e/2022

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-00-32-70
NAME : MUS MULYADI
SEX : PRIA/MALE **DATE EXAMINE** : 01 Mar 2024
PLACE & DATE OF BIRTH : BANGKALAN / 16 June 1980 **NATIONALITY** : INDONESIA
MAILING ADDRESS OF EXAMINE : DSN. ASEM RT. 004/002 KEL. TAJUNGAN KEC. KAMAL KOTA BANGKALAN
DUTY : COOK **PASSPORT** : C8679399



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	RESPIRATORY RATE	
1. ALCOHOL HISTORY	No	167 cm	70 kg	24.00 kg/m ²	130/95 mmHg	99 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. DEPRESION	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						
		GENERAL APPEARANCE LOOKING HEALTHY					
		COLOR VISION (ISHIHARA'S METHOD) NORMAL					
		HEARING Right Ear Yes Left Ear Yes					
		VISION Right Eye 6/12 Left Eye 6/7.5 Both Eye 6/7.5					
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		BLOOD PRESSURE 130/95 mm					



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



SURAT KETERANGAN
TO WHOM IT MAY CONCERN

Dengan ini kami menerangkan bahwa :
Here with acknowledge that :

Nama
Name : MUS MULYADI
Jenis Kelamin
Gender/Sex : PRIA/MALE
Tempat / Tanggal Lahir
Place / Date Of Birth : BANGKALAN / JUNE 16, 1980
Perusahaan
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Jabatan
Occupation : COOK



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 dengan Resep Obat.
With Final Result : FIT WITH MEDICINE.

Demikian surat keterangan ini kami sampaikan untuk dapat dipergunakan sebagaimana mestinya.
I hope this letter will be found useful where necess.



MUS MULYADI

Jakarta, 01-March 2024


dr. Pomy Miharjaji
Examination

Date Of Examination, March 01, 2024
Expiration Of Validity, March 01, 2025

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

Website <https://www.indosehat2003.com>



REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.MUS MULYADI	No. MR	: 003270
MCU No.	: 002/MCUI/AES/III/24	Age	: 43 Years Old
Date Examination	: MARCH 01, 2024		

Laboratory Test	Reference Ranges	Result
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HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	14,1
White Blood Cell Count	5.0 – 10.0	/ ul	5
ESR	0 - 15	mm / hour	5
DIFFERENTIAL COUNT			
Eosinophil	0 - 1	%	0,2
Basophil	1 - 3	%	6
Stab	2 - 6	%	6
Segment	50 - 70	%	72
Limphocyte	20 - 40	%	24,8
Monocyt	2 - 8	%	3,6
Platelet/ Trombosit	150.000-440 .000		286

BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	121
Blood Sugar 2 PP	60-140	mg/ dl	160
Random Glucose	60 - 180	mg / dl	
Cholesterol	< 200	mg / dl	162
Triglyseride	< 200	mg / dl	131
SGOT	< 35	U / L	23
SGPT	< 45	U / L	28
Creatinin	0,7 - 1,4	mg / dl	0,87
Ureum	15 - 45	mg / dl	24
Fosfatase Alkali	30-120	mg/ dl	50
GGT	< 49	g/ml	33
BIL TOTAL	0,2-1,0	mg/dl	0,96
BIL DIRECT	0,1-1,2	mg/dl	




REPORT LABORATORY RESULT

Company	: PT. ANDHINI EKAKARYA SEJAHTERA	Sex	: Male
Name	: MR.MUS MULYADI	No. MR	: 003270
MCU No.	: 002/MCUIIS/AES/III/24	Age	: 43 Years Old
Date Examination	: MARCH 01, 2024		

Laboratory Test	Reference Ranges	Result
URINALYSIS		
Macroscopic		
Specific Gravity	1,010 – 1,030	1020
Albumin	Negative	POSITIVE++
Glucose	Negative	POSITIVE++
PH		6
Microscopic		
Sediment		
Epithels / hpf	Positive	Positive
WBC / hpf	1 – 4	0-3
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	REACTIVE
HIV	Non Reaktif	Non reaktif


dr. Gunawan Eka Putra Sp.PK
Chief Laboratory



LABORATORY FINDING	
BLOOD TEST	URINALYSIS
HEMATOLOGY	SPECIFIC GRAVITY : 1020
HB : 14,1 gr/dl	PROTEIN : POSITIVE++
WBC : 7,8	GLUCOSE : POSITIVE++
DIFF COUNT : 0,2/1,95/6/72/24,8/3,6	
BLOOD CHEMISTRY	MICROSCOPIC :
CHOLESTEROL : 162 mg / dl	WBC : 0-3 / hpt
TRYGLISERIDES : 131 mg / dl	RBC : 0-2 / hpt
	CAST : Negative
	CRYSTALS : Negative
	BACTERIA : Negative
GDS : mg / dl	
SGOT : 23 U/L	
SGPT : 28 U/L	
Creatinin : 0,87 mg / dl	
SEROLOGY / IMUNOLOGI	
Hbs Ag : REACTIVE	
HIV : Non reactive	
VDRL : Non Reaktive	
CHEST X-RAY	Report
	NORMAL
OTHER DIAGNOSTIC TEST	
ECG : NORMAL	
COMMENT ON MEDICAL HISTORY AND CLINICAL EVALUATION	
The abovenamed person physically : FIT TO BE DUTY ON BOARD SHIP	
<input type="checkbox"/> FIT	
<input checked="" type="checkbox"/> FIT WITH MINOR CORRECTABLE DEFECT	
<input type="checkbox"/> HAS MAYOR PHYSICAL DEFECT ; FIT WITH RESTRICTION OF SELECTED ASSIGNMENT	
<input type="checkbox"/> UNFIT TEMPORARY	
For duties on board ship	
Doctor's Advice	
HEALTH CERTIFICATE	
No. : 002/MCUIS/AES/III/24	
THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :	
MR. MUS MULYADI AGE 43 YEARS	
HE IS FOUND TO BE FIT FOR DUTY AS : COOK	
ISSUED AT JAKARTA	
DATE MARCH 01, 2024	
VALID UNTIL MARCH 01, 2025	
	
dr. PONYANDARUAJI	
Chief Physician	



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 002/MCUIIS/AES/III/24
Company : PT. ANDHINI EKAKARYA SEJAHTERA
Date : MARCH 01, 2024

This is to certify that

Name : MR. MUS MULYADI
Sex : Male
Place/Date Of Birth : BANGKALAN/ JUNE 16, 1980
Age : 43 Years Old
Rank : COOK

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. 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. MUS MULYADI
Age : 43 Years Old

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

Jakarta, MARCH 01, 2024

()
Drg. Triana

Dentist



INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



DENTAL CHECK UP REPORT

MCU No. : 002/MCUIIS/AES/III/24
Date : MARCH 01, 2024
Name of Crew : MR. MUS MULYADI
Age : 43 Years Old

Company/Shipping Co.:

CHIEF COMPLAINT :

FINDINGS :

1. Teeth Missing :

--	--

2. Carious Teeth :

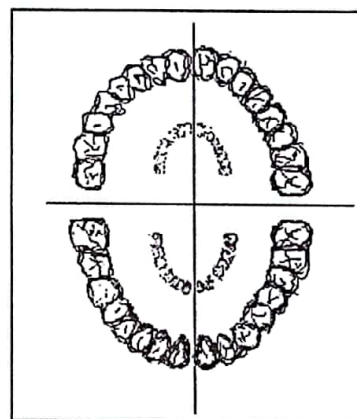
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3. Periodontally involved teeth :

--	--

4. Others :

--	--



ADVISED :

Jakarta, MARCH 01, 2024





INDOSEHAT 2003
CLINIC & MEDICAL CHECK-UP



Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. MUS MULYADI
No Client : 003270
MCU No. : 002/MCUIS/AES/III/24
Sex : Male
Age : 43 Years Old

HIV	Negative
-----	----------

Jakarta, MARCH 01, 2024



dr. PONY NDARUAJI
Medical Review Officer

Examiner

Laboratory Analyst



INDOSEHAT 2003 GROUP



"GO TO THE BEST"
MEDICAL CENTRE

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. MUS MULYADI** Pengirim : **PT. ANDHINI EKAKARYA SEJAHTER**

Umur / No. Foto : **43 TH / 003270** 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.

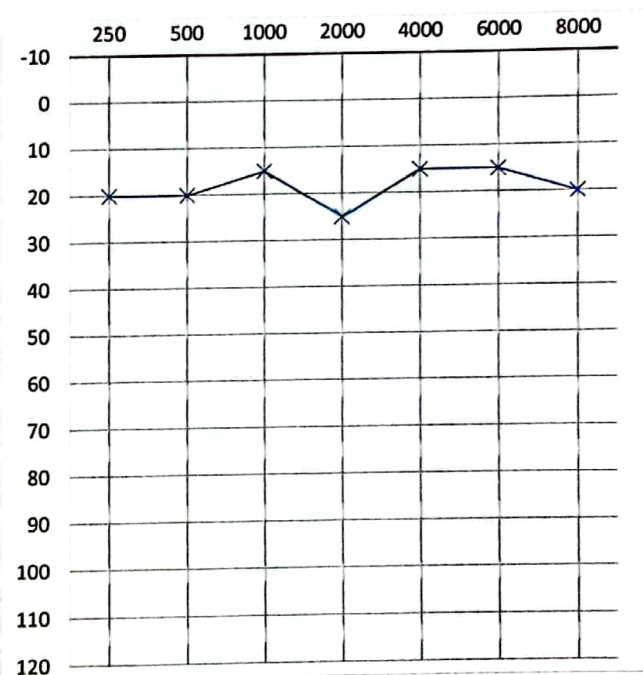
21/B.15b/31.72.04.1005.05.005.C.1/3/-1.779.3/e/2020.

Radiolog / Assisten : Tanda tangan :

Company	:	ANDHINI
Name	:	MUS MULYADI
Age	:	43 YO
No	:	00-32-70

Tone Audiogram

LEFT - FF1



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

Left Ear Bone Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
							0

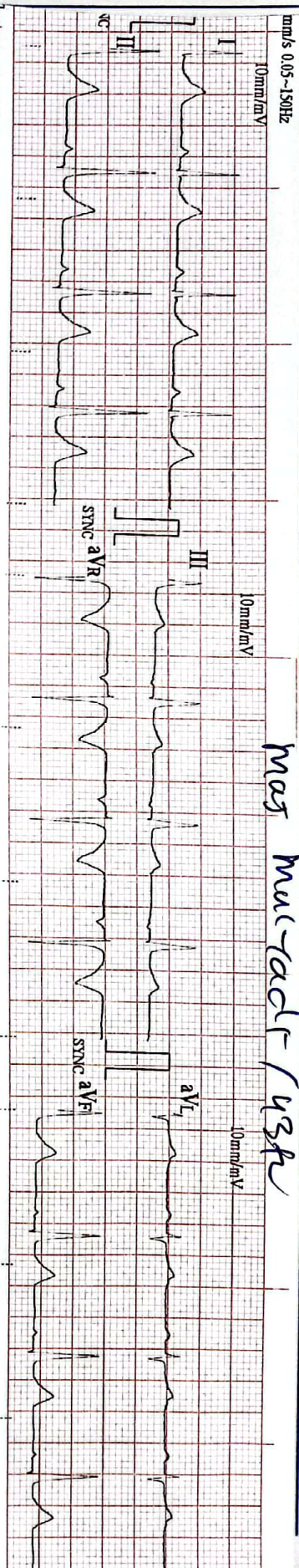
Conclusion : Pendengaran kedua telinga dalam batas normal

Examining Physician
dr Karisma Prameswari Sp.THT-KL

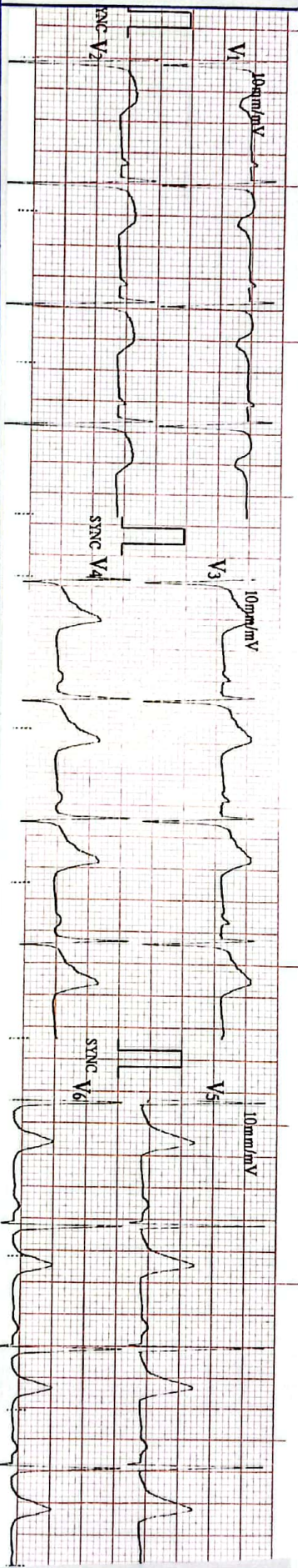
ELEKTROKARDIOGRAM REPORT

mas mac-tact / 43fr

I
II
III



AVR
AVL
AVF



V1
V2
V3

V4

V5

PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU : 003270

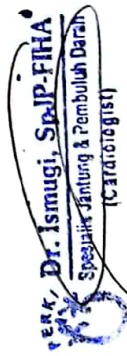
TANGGAL PERIKSA : 01 Maret 2024

NAMA : Mas Mulyadi

UMUR : 43 th

PERUSAHAAN : Andhini

KESIMPULAN : sinus 75 x/mnt
Normal



dr. ISMUGI SpJP, FIHA
CARDIOLOGIST