



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-45433-2024

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.

<b>Apellido</b> Surname: <b>HASAN</b>	<b>Nombre</b> Given Name(s): <b>MUHAMMAD FUAD</b>	<b>Cédula / Pasaporte No.</b> Id. Number/Passport No. <b>C 6577950</b>
<b>Fecha de Nacimiento(dd/mm/aaaa):</b> Date of Birth(dd/mm/yyyy) <b>25/09/1986</b>	<b>Nacionalidad:</b> Nationality <b>Indonesia</b>	<b>Sexo:</b> Sex <b>Male</b>
<b>¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen?</b> Confirmation that identification documents were checked at the point of examination		<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>¿La audición cumple con el estándar?</b> Hearing meets standards?		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>¿La audición es satisfactoria sin ayuda?</b> Unaided hearing satisfactory?		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>¿La agudeza visual cumple con el estándar?</b> Visual acuity meets standards?		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>¿La visión cromática cumple con el estándar?</b> Colour vision meets standards?		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Fecha de la última prueba de visión cromática (Año/Mes/Día)?</b> Date of last color vision test		<b>2024-05-17</b>
<b>¿Apto para cometidos de vigía?</b> Fit for look out duties?		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones:</b> Limitations or restrictions on fitness?		<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>¿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?</b> 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"/>
<b>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.</b> 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.		<b>Firma de la Gente de Mar Seafarer's Signature</b>

Date of Issue: 2024-05-18  
Expiration Date: 2026-05-18  
Name of the recognized medical practitioner: Pony Ndaruaji



Firma y sello del medico reconocido/Signature and Stamp of the recognized medical practitioner

**dr. Pony Ndaruaji**

SIP 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 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-00-48-59  
**NAME** : MUHAMMAD FUAD HASAN  
**SEX** : PRIA/MALE **DATE EXAMINE** : 17 May 2024  
**PLACE & DATE OF BIRTH** : DILI / 25 September 1986 **NATIONALITY** : INDONESIA  
**MAILING ADDRESS OF EXAMINE** : JL. BETOAMBARI RT. 018/005 KEL. BONEBONE KEC. BATUPAORO  
**DUTY** : FIRST ENGINEER **PASSPORT** : C6579950



MEDICAL HISTORY (EXAMINE PERSONAL DECLARATION)		PHYSICAL EXAMINATION					
	Yes / No	HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE REGULAR	RESPIRATORY RATE
1. ALCOHOL HISTORY	No	173 cm	63 kg	21.00 kg/m <sup>2</sup>	121/79 mmHg	83 X/min	19 X/min
2. ALLERGIC HISTORY	No						
3. AMPUTATION	No	VISION	WITHOUT	WITH	COLOR VISION (ISIHARA'S METHOD)		
4. BLOOD DISORDER	No	Right Eye	6/6		NORMAL		
5. BALANCE PROBLEM	No	Left Eye	6/6				
6. BACK OR JOINT PROBLEM	No	Both Eye	6/6				
7. COLOUR BLINDNESS	No	GENERAL APPEARANCE					
8. CANCER	No	LOOKING HEALTHY					
9. DIABETES	No	NORMAL					
10. DIGESTIVE DISORDER	No	1. EYES					Yes
11. DEPRESSION	No	2. EARS					Yes
12. EPILEPSY	No	3. NOSE					Yes
13. EYE / VISION PROBLEM	No	4. MOUTH					Yes
14. EAR PROBLEM	No	5. THROAT					Yes
15. FRACTURE	No	6. NECK					Yes
16. GENITAL DISORDER	No	7. THROID					Yes
17. HEART SURGERY	No	8. LYMP NODE					Yes
18. HEART DISEASE	No	9. LUNGS					Yes
19. HIGH BLOOD PRESSURE	No	10. HEARTS					Yes
20. HERNIA	No	11. ABDOMEN					Yes
21. INFECTIOUS DISEASE	No	12. UROGENITAL SYSTEM					Yes
22. KIDNEY PROBLEM	No	13. UPPER EXTREMITIES					Yes
23. LUNG DISEASE	No	14. LOWER EXTREMITIES					Yes
24. LIVER PROBLEM	No	15. BACK ABNORMALITY					Yes
25. LOST OF MEMORY	No	16. HERNIA					Yes
26. NARCOTIC HISTORY	No	17. CENTRAL NERVOUS SYSTEM					Yes
27. NEUROLOGICAL DISEASE	No	18. SKIN & NAILS					Yes
28. OPERATION / SURGERY	No	19. SPEECH					Yes
29. PSYCHIATRIC PROBLEM	No	20. OTHERS					Yes
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>		If abnormal, give details			
8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8		NORMAL		KEASTIAN DOKUMEN INI HUBUNGI			
8 7 6 5 4 3 2 1   1 2 3 4 5 6 7 8		Right Ear Yes		TOTOT RUMEKSO			
• : Filling O : Caries ^ : Root Rest		Left Ear Yes		HP. 0858 1392 5019			
x : Missing V : Prothesa		NIL					







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



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

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

**Nama** : MUHAMMAD FUAD HASAN  
*Name*  
**Jenis Kelamin** : PRIA/MALE  
*Gender/Sex*  
**Tempat / Tanggal Lahir** : DILI / SEPTEMBER 25, 1986  
*Place / Date Of Birth*  
**Perusahaan** : PT. ANDHINI EKAKARYA SEJAHTERA  
*Company*  
**Jabatan** : FIRST 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.*



MUHAMMAD FUAD HASAN

**Date Of Examination, May 17, 2024**  
**Expiration Of Validity, May 17, 2026**

Jakarta, 17 May 2024  
  
**dr. Pony Ndaruaji**  
Examination



## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	<b>Sex</b>	: Male
<b>Name</b>	: MR.MUHAMMAD FUAD HASAN	<b>No. MR</b>	: 004859
<b>MCU No.</b>	: 023/MCUIIS/AES/V/24	<b>Age</b>	: 37 Years Old
<b>Date Examination</b>	: MAY 17, 2024		

Laboratory Test	Reference Ranges	Result
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### HAEMATOLOGY

Haemoglobin	13.0 – 18.0	gr / dl	16,3
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	%	7
Stab	2 – 6	%	7
Segment	50 – 70	%	55
Lymphocyte	20 – 40	%	39,6
Monocyt	2 – 8	%	5,79
Platelet/ Trombosit	150.000-440 .000		262

### BLOOD CHEMISTRY

Fasting Blood Sugar	60-110	mg / dl	109
Blood Sugar 2 PP	60-140	mg/ dl	121
Random Glucose	60 – 180	mg / dl	
Cholesterol	< 200	mg / dl	156
Triglyseride	< 200	mg / dl	111
SGOT	< 35	U / L	28
SGPT	< 45	U / L	36
Creatinin	0,7 – 1,4	mg / dl	0,90
Ureum	15 – 45	mg / dl	34
Fosfatase Alkali	30-120	mg/ dl	75
GGT	< 49	g/ml	22
BIL TOTAL	0,2-1,0	mg/dl	0,8
BIL DIRECT	0,1-1,2	mg/dl	



## REPORT LABORATORY RESULT

<b>Company</b>	: PT. ANDHINI EKAKARYA SEJAHTERA	<b>Sex</b>	: Male
<b>Name</b>	: MR.MUHAMMAD FUAD HASAN	<b>No. MR</b>	: 004859
<b>MCU No.</b>	: 023/MCUIS/AES/V/24	<b>Age</b>	: 37 Years Old
<b>Date Examination</b>	: MAY 17, 2024		

Laboratory Test	Reference Ranges	Result
<b>URINALYSIS</b>		
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
<b>SEROLOGY / IMMUNOLOGY</b>		
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**

**HEMATOLOGY**

HB : 16.3 gr/dl  
WBC : 6,82  
DIFF COUNT : 0,40/2,7/7/55/39,6/5,7

**BLOOD CHEMISTRY**

CHOLESTEROL : 156 mg / dl  
TRYGLISERIDES : 111 mg / dl

GDS : mg / dl  
SGOT : 28 U/L  
SGPT : 36 U/L  
Creatinin : 0,90 mg / dl

**SEROLOGY / IMUNOLOGI**

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

**URINALYSIS**

SPECIFIC GRAVITY : 1010  
PROTEIN : Negative  
GLUCOSE : Negative

**MICROSCOPIC :**

WBC : 0-1 / hpt  
RBC : 0-1 / hpt  
CAST : Negative  
CRYSTALS : Negative  
BACTERIA : Negative

**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. : 023/MCUIA/AES/V/24

THIS TO CERTIFICATE THAT A MEDICAL EXAMINATION WAS GIVEN TO :  
MR. MUHAMMAD FUAD HASAN

AGE 37 YEARS

HE IS FOUND TO BE FIT FOR DUTY AS : FIRST ENGINEER

ISSUED AT JAKARTA

DATE MAY 17, 2024

VALID UNTIL MAY 17, 2026



**dr. PONY NDARUAJI**  
Chief Physician



## CERTIFICATION DRUGS AND ALCOHOL

MCU. No : 023/MCUIIS/AES/V/24  
Company : PT. ANDHINI EKAKARYA SEJAHTERA  
Date : MAY 17, 2024

### This is to certify that

Name : MR. MUHAMMAD FUAD HASAN  
Sex : Male  
Place/Date Of Birth : DILI/ SEPTEMBER 25, 1986  
Age : 37 Years Old  
Rank : FIRST 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 17, 2024



dr. PONY NDARUAJI  
Medical Review Officer



## DENTAL HEALTH CERTIFICATE

This is to certify that today I have examined :

Name : MR. MUHAMMAD FUAD HASAN  
Age : 37 Years Old

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

Jakarta, MAY 17, 2024

(  )  
**Drg. Triana**  
Dentist





## DENTAL CHECK UP REPORT

MCU No. : 023/MCUIS/AES/V/24  
Date : MAY 17, 2024  
Name of Crew : MR. MUHAMMAD FUAD HASAN  
Age : 37Years Old

Company/Shiping Co.:

### CHIEF COMPLAINT :

### FINDINGS :

1. Teeth Missing :



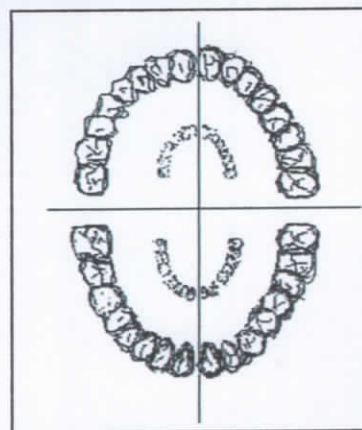
2. Carious Teeth :



3. Periodontally involved teeth :



4. Others :



### ADVISED :

Jakarta, MAY 17, 2024



( Drg. Triana )



### Declaration of Anti HIV Test Result

I Declara that Anti HIV Test Result From :

Name : MR. MUHAMMAD FUAD HASAN  
No Client : 004859  
MCU No. : 023/MCUIS/AES/V/24  
Sex : Male  
Age : 37 Years Old

HIV	Negative
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Jakarta, MAY 17, 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. MUHAMMAD FUAD HASAN Pengirim : PT. ANDHINI EKAKARYA SEJAHTER  
Umur / No. Foto : 37 TH / 004859 Rontgen : THORAX AP  
Tanggal Rontgen : MAY 17, 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 :



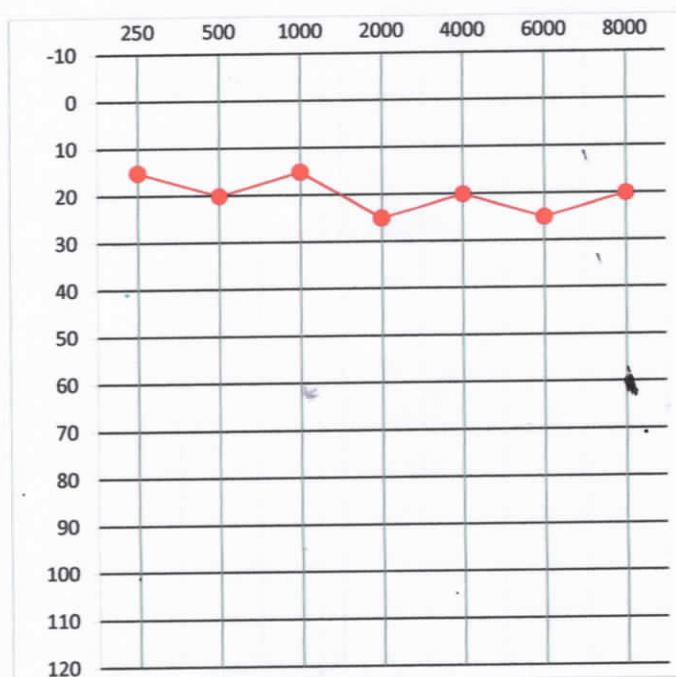
# PATIENT DATA

Company : ANDHINI  
 Name : MUHAMMAD FUAD HASAN  
 Age : 37 YO  
 No : 00-48-59

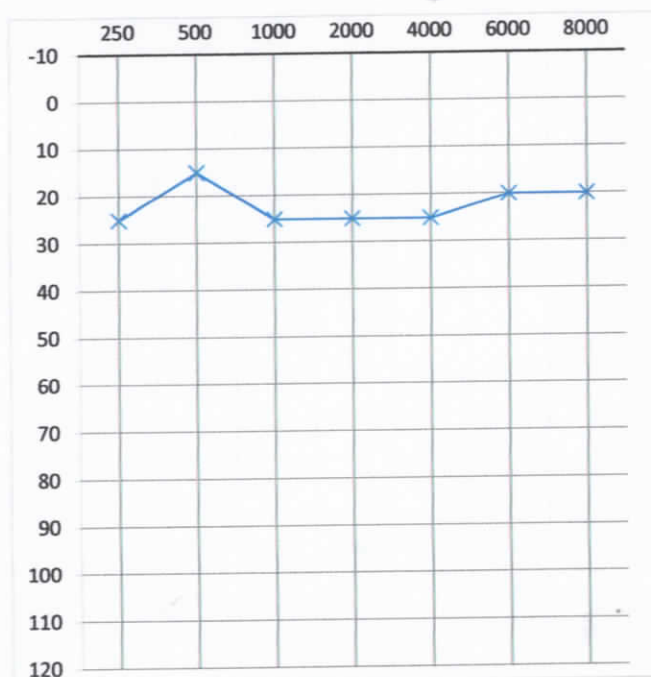
Instrument : Audiometer audiometri

## Tone Audiogram

RIGHT - FF1



LEFT - FF1



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

Left Ear Air Conduction							Left Ear (dB)
250	500	1000	2000	4000	6000	8000	
25	15	25	25	25	20	20	22,5

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 20 dB

Left Ear : Ambang dengar normal 22,5 dB

Conclusion : Pendengaran kedua telinga dalam batas normal

dr. KARISMA PRAMESWARI FM, Sp. THT-KL  
 1408 14080172.04 1408 04.04 1408 14080172.04

Examining Physician  
 dr Karisma Prameswari Sp.THT-KL

# ELECTROKARDIOGRAM REPORT

M - Fuad. Hasan 1376

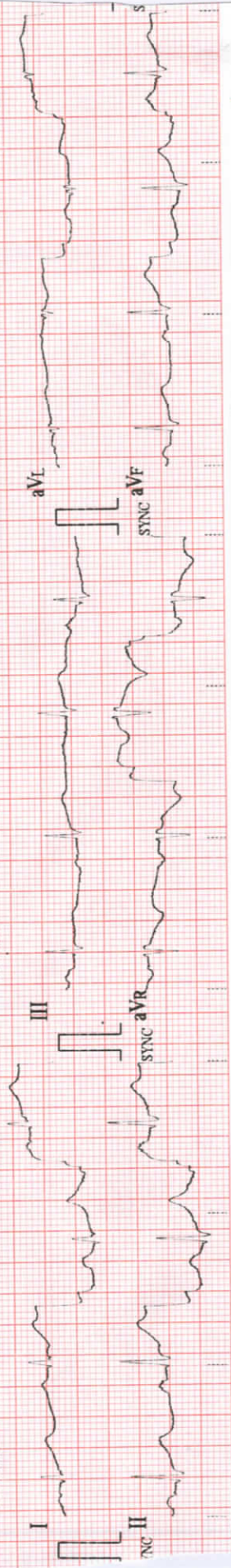
25mm/s 0.5-100Hz

10mm/mV

10mm/mV

10mm/mV

I  
II  
III



aVR  
aVL  
aVF

10mm/mV

10mm/mV

10mm/mV

V1  
V2  
V3  
V4  
V5  
V6



V1  
V2  
V3  
V4  
V5  
V6

Handwritten notes and a faint stamp are visible in this section. The stamp appears to be a medical or institutional seal.

# PEMERIKSAAN ELEKTROKARDIOGRAM MEDICAL CHECK UP

NO. MCU	:	000859
TANGGAL PERIKSA	:	17 mei 2024
NAMA	:	M. Fuad Hasan
UMUR	:	37 h
PERUSAHAAN	:	Andhina
KESIMPULAN	:	sinus 76 x/mnt Normal

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

dr. ISMUGI SpJP, FIHA  
CARDIOLOGIST