

## PHYSICIANS' DIAGNOSTIC SERVICES CENTER FOR SEABASED WORKERS, INC.

Rev. No. Rev. Date Issue Date

: 00 : 08-Jan-2018

#### DOH Accreditation #13-002-1820-MF-2

533 UNITED NATIONS AVENUE PHYSICIANS' TOWER, ERMITA, MANILA, PHILIPPINES Tel. No. 523-7832 Email: pdscsw@pdsclinics.com



## MEDICAL CERTIFICATE FOR SERVICE AT SEA

Approved and authorized by the Department of Health (DOH) and the Maritime Industry Authority (MARINA) of the Republic of the Philippines issued in compliance with STCW Convention, 1978, as amended Section A-1/9 Paragraph 7 and the Maritime Labour Convention, 2006

If "NO" specify limitations or restrictions:  IS APPLICANT SUPFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY SERVICE AT SEA OR TO RENDER THE SEAFARER UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF THE OTHER PERSONS ON BOARD?  THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO: ADORNADO, JOMON ALIS  RESULT: FIT FOR SEA DUTY:  NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN DATE OF EXAMINATION: APPROVED BY: PEDRO S. DE GUZMAN, M.D., FPCOM LIC. NO. 0029271  MEDICAL DIRECTOR  NAME OF ISSUING AUTHORITY: PHYSICIAN'S CERTIFYING AUTHORITY: PHYSICIAN'S CERTIFICATE:  IN ADDRESS:  LIC. NO. 138048  ITHIS SIGNATURE: ADDRIADO, JOMON ALIS DATE: 16 Jul 2019  THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)  DATE: DATE OF EXPIRATION OF PEME CERTIFICATE:										
ADDRESS:	SURNAME/LAST NAME:	GIVEN NAME:		MIDDLE NAME:						
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VISUAL AIDS (lick if worm)  SPECTACLES   CONTACT LENSES   Yes   No    IFT FOR LOOKOUT DUTIES?  Yes   No    NO    NO    SAPPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY SERVICE AT SEA OR TO RENDER THE SEAFARER UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF THE OTHER PERSONS ON BOARD?  THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:  ADDRINADO, JOMON ALIS  (NAME OF SEAFARER)  RESULT:  FIT FOR SEA DUTY:  NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN  DATE OF EXAMINATION:  11 Jul 2019  APPROVED BY:  PEDRO S. DE GUZMANI, M. D., FPCOM LIC. NO. 00.99271  MEDICAL DIRECTOR  NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN  11 Jul 2019  NAME OF ISSUING AUTHORITY:  ADDRESS:  4th FIF. Physicians' Tower 533 United Nations Avenue, Emitia, Manilla  PHYSICIANS CERTIFYING AUTHORITY:  PHYSICIANS LICENSE NUMBER:  UC. NO. 138048  I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE  WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.  SEAFARER'S NAME AND SIGNATURE:  ADORNADO, JOMON ALIS  OATE:  ADORNADO, JOMON ALIS  OATE:  ADORNADO JOMON ALIS  DATE:  16 Jul 2019  DATE OF EXPINATION OF PEME CERTIFICATE:  [DAY/MONTH/YEAR]  16 Jul 2021					_					
FIT FOR LOOKOUT DUTIES?  YES NO   NO    NO LIMITATIONS OR RESTRICTIONS ON FITNESS   YeS NO    NO LIMITATIONS OR RESTRICTIONS ON FITNESS   YeS NO    IT 'NO'' Specify limitations or restrictions:  IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY SERVICE AT SEA OR TO RENDER THE SEAFARER UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF THE OTHER PERSONS ON BOARD?  THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICLA EXAMINATION WAS GIVEN TO:  ADORNADO, JOMON AUS  RESULT:  FIT FOR SEA DUTY:  NAME AND SIGNATURE OF SEAFARER)  NAME OF ISSUING AUTHORITY:  APPROVED BY:  PEDRO S. DE GUZMAN, M.D., FPCOM LIC. NO. 0029271  MEDICAL DIRECTOR  NAME OF ISSUING AUTHORITY:  PHYSICIANS CERTIFYING AUTHORITY:  PHYSICIANS LICENSE NUMBER:  LIC. NO. 138048  IHAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE  WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.  SEAFARER'S NAME AND SIGNATURE:  ADORNADO JOMON ALIS  DATE:  16 Jul 2019  DATE OF EXPIRATION OF PEME CERTIFICATE:  [DAY/MONTH/YEAR]  16 Jul 2019  DATE OF EXPIRATION OF PEME CERTIFICATE:  [DAY/MONTH/YEAR]  16 Jul 2019										
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ADORNADO, JOMON ALIS  (NAME OF SEAFARER)  RESULT: FIT FOR SEA DUTY:  WITH FOR SEA DUTY:  WINFIT FOR SEA DUTY:			D BY SERVICE AT SEA OR TO F		No.					
RESULT: FIT FOR SEA DUTY:  KIM-GA ENJEL T. MAGTIBAY, M.D.  NAME AND SIGNATURE OF EXAMINING AUTHORIZED PHYSICIAN DATE OF EXAMINATION:  11 Jul 2019  APPROVED BY:  PEDRO S. DE GUZMAN, M.D., FPCOM LIC. NO. 0029271  MEDICAL DIRECTOR  NAME OF ISSUING AUTHORITY:  ADDRESS:  4th Fir. Physicians' Tower 533 United Nations Avenue, Ermita, Manila PHYSICIANS CERTIFYING AUTHORITY: P.R.C. PHYSICIANS LICENSE NUMBER: LIC. NO. 138048  I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.  SEAFARER'S NAME AND SIGNATURE: ADDRNADO JOMON ALIS DATE: 16 Jul 2019  (THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN) DATE OF EXPIRATION OF PEME CERTIFICATE: (DAY/MONTH/YEAR) 16 Jul 2019	ADORNADO, JOMON ALIS	THIS IS TO CERT								
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FIT FOR SEA DUTY:    VINTER ENTEL T. MAGTIBAY, M.D.		RESULT:	( )							
NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN DATE OF EXAMINATION: 11 Jul 2019 APPROVED BY:  PEDRO S. DE GUZMAN, M.D., FPCOM LIC. NO. 0029271 MEDICAL DIRECTOR  NAME OF ISSUING AUTHORITY: KIM GABRIELT. MAGTIBAY, M.D. ADDRESS: 4th Fir. Physicians' Tower 533 United Nations Avenue, Ermita, Manila PHYSICIAN'S CERTIFYING AUTHORITY: P.R.C. PHYSICIAN'S LICENSE NUMBER: LIC. NO. 138048  I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OP SECTION A-1/9 OF THE STCW CODE.  SEAFARER'S NAME AND SIGNATURE: ADDRNADOLOMON ALIS DATE: 16 Jul 2019  (THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)  DATE OF ISSUANCE OF PEME CERTIFICATE: (DAY/MONTH/YEAR) 16 Jul 2019		1.72 m								
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PEDRO S. DE GUZMAN, M.D., FPCOM LIC. NO. 0029271  MEDICAL DIRECTOR  NAME OF ISSUING AUTHORITY:  ADDRESS:  4th Fir. Physicians' Tower 533 United Nations Avenue, Ermita, Manila PHYSICIAN'S CERTIFYING AUTHORITY: PHYSICIAN'S LICENSE NUMBER: LIC. NO. 138048  I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND OF THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE.  SEAFARER'S NAME AND SIGNATURE: ADORNADO JOMON ALIS OATE: 16 Jul 2019  (THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)  DATE OF ISSUANCE OF PEME CERTIFICATE: (DAY/MONTH/YEAR) 16 Jul 2019  (DAY/MONTH/YEAR) 16 Jul 2021		DATE OF EXAM	INATION:	11 Jul 2019						
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NAME OF ISSUING AUTHORITY:    KIM GABRIEL T. MAGTIBAY, M.D.			PEDRO S. DE GUZMAN, N	M.D., FPCOM						
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DATE OF ISSUANCE OF PEME CERTIFICATE:  (DAY/MONTH/YEAR)	(THIS SIGN		man and a second							
	DATE OF ISSUANCE OF PEME CERTIFICATE:		•							
	(DAY/MONTH/YEAR) 16 Jul 20	)19 (DAY/MONTH/YEAR)	4.4	16 Jul 2021						
	MFC-002-F				DON DEME CO					

Revision: 01 10/17/2013 Page 1 of 2 The Quality Management System of PDSCSWI has been assessied and certifiled as meeting the requirements of ISO 9001:2015 under Approval Certificate No-PH018/818842655 granted by Société Générale de Surveillance (SGS) Phils.



# PHYSICIANS' DIAGNOSTIC SERVICES CENTER FOR SEABASED WORKERS, INC.

DOH Accreditation # 13-002-1820-MF-2

533 UNITED NATIONS AVENUE
PHYSICIANS' TOWER, ERMITA, MANILA, PHILIPPINES
Tel. No. 523-7832 Email: pdscsw@pdsclinics.com



### MEDICAL EXAMINATION REPORT FOR SEAFARERS

Approved and authorized by the Department of Health (DOH) and the Maritime Industry Authority (MARINA) of the Republic of the Philippines Issued in Compliance with STCW Convention, 1978 as amended Section A-1/9 Paragraph 7 and Maritime Labour Convention, 2006

Surname/Last		DORNADO	<u> </u>				Given Na	me:	JOMON					Mic	Idle Name:	ALIS	
Age: 41	Date of Bi		_	Apr	1978		Place of Birth:		MAN		Α			Nat	ionality:	FILIP	NO
Gender:	Male [	√ Fema	-			vil Status	Single		Married		V	Re	eligio			IAN CATHO	AMER
			- 1		0.000		Widov	10000		-					i (Oii	MAIN GATTIO	
Address: BL	Address: BLOCK 6 LOT 11 SAINT ANDREW STREET SPS 7 SAN BARTOLOME NOVALICHES QUEZON CITY																
Passport No:		P18608	76B				Seaman's Book	(SIRB)	Number:						C1185380	)	
Position appli	ed for: DE	ск 🔽		ENG	INE		CATERING [		OTHERS		] (S	pecify	y) _		ABI	LE SEAMAN	
	pany: CONAU																
I. MEDICAL	HISTORY - +	las applica	nt s	uffer	ed fr	om, beer	diagnosed, so	ought a	dvice or tre	atm	nent	from	a me	edical	doctor on the	following co	nditions:
Place a che	ck mark ( ✓ ) ii	n the appro	pria	te b	ox [	]											
Head or Neck		YES					ng Disorders		YES [		NO				ical Disorders	Y	ES NO 🛛
Frequent Head	laches	YES		NO		High Blo	od Pressure		YES [		NO			Menstru ify Date	al Period		
Frequent Dizzi	ness	YES		NO	Ø	Heart Dise	ase/Vascular/		YES [		NO	Ø	_		Bladder Disorde	er Y	ES 🗌 NO 🛛
Fainting Spells, F or Other Neurolog		YES		NO		Rheumat	ic Fever		YES [		NO		Back		oint Pain/	Y	ES 🗆 NO 🗹
Insomnia or Sle	eep Disorders	YES		NO		Diabetes	Mellitus		YES [		NO	Ø	Gene		editary or	Y	ES NO 🛛
Depression, other	r Mental	YES		NO	Ø	Other Ende	ocrine Disorders		YES [		NO		0.000		ansmitted Dise	ease Y	ES NO 🛛
Eye Problems/ Error of Refractio	n	YES		NO	Ø	Cancer o	r Tumor		YES [		NO		Trop Typh	cal Dise	ases (e.g. Malari er - Specify Date)	a) Y	ES 🗌 NO 🛭
	er Ear Disorders	YES		NO	Ø	Blood Dis	sorders		YES [		NO		_	_	niasis (Specify I		ES NO 🛛
Nose or Throat	Disorders	YES		NO	Ø	Stomach F or Ulcer	ain, Gastritis		YES [	J	NO		Asth	ma		Υ	ES 🗆 NO 🖸
Tuberculosis		YES		NO	Q		dominal Disorde	rs	YES [		NO		Allei	gies (S	Specify)	Y	ES NO 🛛
Hemorrhoids		YES		NO	Q	Heart Su	rgery		YES [	7	NO	N	Vari	cose V	eins	Y	ES 🗆 NO 🔯
Skin Problems		YES			<u> </u>	Infectious	/ Contagious D	iseases	YES [	_	NO		Herr	nia		(6.1	ES   NO
Loss of Consci	ousness	YES	_	NO		Attempte	d Suicide		YES [	_	NO	_			Mobility		ES   NO
Fracture / Dislo	cation	YES		NO		(A-5 A CALLE • CASE	Problem		YES [		NO				s) (Specify)		ES NO 🛛
Previous Hosp	oitalizations / O	peration(s):								=					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NONE																	
the same of the sa	ck mark ( ✓ ) in ver been signed o	지하는 하스 (비행장) 아니라 네가				m a shin?							YE	5		NO	
2. Have you ev	er been hospital		repa	aurau	su IIO	ili a silip:							H				
If yes, pleas	se specify below																
	er been declared					v 52										$\square$	
van 2002 S	edical certificate						0002						H				
A CONTRACTOR AND A CONT	healthy and fit to							ation?									
	rgic to any medic	25.			,												
	ng any non-preso						9 9 797791	202									
If yes, pleas	se list the medica	ation(s) taker	√beir	ng tal	ken, a	nd the pur	pose(s) and dos	sage(s)									
	EXAMINATION called for. Place	a check mar	k ( ✓	´) in	the ap	propriate	box □ along sid	e A, B, C	C, put a check	k ma	ark (	✔) un	ider "	Yes" if	Normal, If not N	Normal, specify	findings.
HEIGHT(cm)	WEIGHT	(kg)			BLO	OD PRES	SURE		DIII OF DIE			4	П	RE	SPIRATION		ВМІ
167.00	64.00	A 76		5	Systoli	c: <u>110</u> (	mm Hg)		PULSE RAT	- 67				- 3//3/5	18 /min		23.02 kg/m2
					Diasto	olic: <u>80</u> (n	nm HG)		RHYTHM: E	CEG	ULA	ırı					
VISUAL ACUITY	FAR VIS	SION			N	EAR VISI	NC		ISHIHARA VISI		LOF			EAR	Hearing b	y Audiometry	CLARITY OF SPEECH
Uncorrected	OD <b>20/20</b> O	S 20/20	OD	J	.62	os	J .62	Adequa	ate					Right	✓Adequate	☐Inadequate	✓ Adequate
Corrected	OD O	S	OD	J		os	J	Defecti	ve					Left	☑Adequate	☐Inadequate	☐ Defective

		NO 22			alaale makule	(/) under 'VES' if No	rmal If not Normal spec	ify finding			
	T T			le Columns A, B, C, put a		action that the second of the	C	YES	Significant Findings		
A	YES	Significa	nt Findings	B		Significant Findings	Genito-Urinary System		olgimosite i mamge		
Skin				Neck,Lymph Nodes,Thyro			Inquinals, Genitals, Herni				
Head,Neck,Scalp				Chest-Breast-Axilla			Extremities				
Eyes,External	V			Lungs			Reflexes				
Pupils, Opthalmoscopic	V			Heart			Dental(Teeth/Gums)				
Ears				Abdomen Back		, -	Dental Significant Finding				
Nose,Sinuses				Anus-Rectum			CLEARED				
Mouth,Throat OTHER FINDINGS	$  \checkmark  $			Anus-Rectum							
					BODY TEM	PERATURE- 36.2°C					
III RESULTS OF AN	CILLAI	RY FXAI	/INATIONS	. Place a check mark ( ✓ )	) in the appro	priate box 🗆					
		rmal _	With Finding		✓ Normal	With Findings	G. Till VIII II DO TOGU		✓ Non-reactive lot Required		
B. ECG:	No	rmal 🗸	With Findin	90 2. 0. 0.0 2 2.7		With Findings of Required	н. трна		Negative lot Required		
C. CBC:	√ No	rmal	With Findin	gs F. Hepatitis B:	Reactive	✓ Non-reactive ot Required	VDRL		✓ Non-reactive  Not Required		
PSYCHOLOGICAL TES	T (when	required)		✓ Normal For	r Further Eval	uation	J. BLOOD TYPE (Speci	fy): Type O	+ *RH Factor		
*DRUG AND ALCOHOL TE *CARCINO EMBRYONIC A NEGATIVE  IV. SUMMARY.Place;	NTIGEN	-	DOPPLER- INSIGNIFIC CARDIOLO	5-9-110-00-110	·						
Basic DOH mandatory I				priate box 🖫	PASSED		WITH SIGNIFICAN	T FINDING:	3		
		Examina	1011.	<u></u>	PASSED		WITH SIGNIFICAN	T FINDINGS	3		
Additional Laboratory Tests.							WITH SIGNIFICAN	IT FINDINGS			
On the basis of the ex	R LOC	ESS FOR b's persona DK-OUT DECK SE	al declaration DUTY	AT SEA Place a check my clinical examination an ENGINE SERVIO	d the diagnos	the appropriate box usitic test results records	OUT DUTY	aminee med			
FIT		V	1								
UNFIT		F	i								
WITH RESTRICTIONS: Describe restriction**(re		tandard re		RESTRICTIONS:  ne bottom of this page)	VISI	JAL AIDS REQUIRED	YES	NO [			
DATE OF MEDICAL E	XAMIN	ATION		DATE OF EXPIRATION OF	MEDICAL E	XAMINATION REPO	RT: MEDIC	CAL EXAMI	NATION REPORT NO		
11 Jul 201	9			This certificate	e is valid unti	l 16 Jul 2021		201907	11-0048-SW		
NAME AND SIGNATU			LIC	CENSE NUMBER: ADDRESS:		icians' Tower Bldg.,	RIELT, MACTIBAY, M.E. LIC. NO. 138048 533 United Nations Aver	iue, Ermita			
to me by the examining	/authori	zed physi	cian.	rue to the best of my knowl							
I hereby authorize the r (CONAUTIC MARITIM	elease ( E INC.).	of all my n	nedical record	s to the DOH/MARINA/PO	EA, PHYSICI	MINO DIAGINOSTIC SI	LIVIOLO CENTER, INC.	and my em	p.o.joi maining agent		
		ADORN	ADD, JOM	ON ALIS			16 Ju	2019			
THE SIGNATURE		/IE AND S	IGNATURE (	OF SEAFARER E PRESENCE OF THE EX	AMINING		DA				
**STANDARD RESTRICTIONS (I	Duties):			Not to work with	(		<ul> <li>Not to lift items we</li> </ul>	iahina over 5/10	/20/40 ka		

- No solo watchkeeping
  Not fit for emergency duties
  Not fit for lookout duties
  Only fit for lookout duties
  Only fit for lookout during daylight hours
  Not fit for work with colour coded tables etc
  Not to be away from (home) port overnight
  Not to be away from (home) port for periods over 24 hours / 7 days
- - Not to work with......(specify)
    Not fit for food handling
    Within......(specify) miles from a safe haven
    Near coastal only
    Coastal waters only, up to......(specify) miles from shore
    Not-tropical waters only
    Not fit for service on stand-by vessels

- Not to lift items weighing over 5/10/20/40 kg
  Protective gloves to be worn for work with ...... (specify)
  Eye protection to be worn for all work
  Fit for service only vessels with ship's doctor
  Toilet/washing facilities in private cabin required
  Special needs...in emergencies (specify)

DOH-PEME-SB Revision # 03 10/17/2013 Page 2 of 2