

## SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

I, **CELESTINO O. DAVIS**, of legal age, Philippine nationality, with residence at Ph. 9 Pkg. 7-B. Blk. 29 Lot. 12 Bagong Silang, Caloocan City, Philippines, have named, constituted and appointed

**CONAUTIC MARITIME INC.** and/or any of its duly authorized officers and personnel, with office at Suite 312/313 Penthouse, Ermita Center Bldg. #1350 Roxas Blvd., Ermita Manila, Philippines,

-and-

**NATIONAL FISHERIES DEVELOPMENT LIMITED** and/or any of its duly authorized officers and personnel, with office at a P.O. Box 717, Honiara,

to be my true and lawful attorneys-in-fact, for me and in my name, place and stead, to do and perform all or any of the following acts and things, namely:

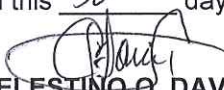
"To act on my behalf, execute, file and deliver, the appropriate claim before any office or body, government or private, any unpaid remuneration or compensation owing to me as a consequence of my employment onboard the vessel Solomon Topaz, and for whatever moneys or benefit due to me under my POEA-approved employment contract, over which Conautic Maritime Inc. and/or National Fisheries Development Limited has become obliged to pay and honor being my employer.

To execute, grant and deliver on my behalf full acquittances, subrogation of rights, contracts, waivers and receipts for all and whatever payments are made in settlement of and discharge of my claim under this instrument.

And in general, to do and perform all and every act and thing which may be requisite, necessary or proper to carry out the above purposes."

HEREBY GIVING AND GRANTING unto my said attorneys-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as we might or can lawfully be done if present, with power of substitution and revocation, hereby ratifying and confirming all that our said attorneys-in-fact shall lawfully do or cause to be done by virtue of this presents.

IN WITNESS WHEREOF, we have hereunto set my hand this 30 day of APRIL, 2019, in MANILA.

  
**CELESTINO O. DAVIS**  
Grantor

### ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)  
\_\_\_\_\_ ) S.S.

BEFORE ME, **NOTARY PUBLIC** at the place above mentioned, on this day 30 of April, 2019, personally appeared Celestino O. DAVIS, with Passport No. P2207753A, issued at NCR Central, Philippines, known to me and me known to be the same person who executed the foregoing instrument and acknowledged to me that the same is his free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand on the date and place first above-written.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 2019.

**NOTARY PUBLIC**

Republic of the Philippines  
Department of Labor and Employment  
PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION

**CONTRACT OF EMPLOYMENT**

**KNOW ALL MEN BY THESE PRESENTS:**

This Contract, entered into voluntarily by and between:

Name of Seafarer: DAVIS, Celestino Osing  
Date Of Birth: Apr 06, 1960 Age: 59 Place of Birth: Badian, Cebu  
Address: Ph. 9 Pkg. 7-B. Blk. 29 Lot. 12 Bagong Silang, Caloocan City, Philippines  
SIRB No.: C1013037 SRC No.: ER#2019032002654 License No.: \_\_\_\_\_  
hereinafter referred to as the Seafarer

and

Name of Agent: Conautic Maritime Inc.  
Address of Agent: Suite 312/313 Penthouse, Ermita Center Bldg. #1350 Roxas Blvd., Ermita Manila, Philippines  
Name of Principal / Shipowner: National Fisheries Development Limited - Solomon Islands  
Address of Principal / Shipowner: P.O. Box 717, Honiara, Solomon Islands  
for the following vessel:  
Name of Vessel: Solomon Topaz  
IMO Number: 8718079 Gross Registered Tonnage (GRT): 455.00 Year Built: 1988  
Flag: Solomon Islands Type of Vessel: Fishing Classification Society: Single Purse Seiner  
hereinafter referred to as the Employer,


**WITNESSETH**

1. That the seafarer shall be employed on board under the following terms and conditions:

1.1	Duration of Contract:	<u>12 mos</u>
1.2	Position:	<u>Welder</u>
1.3	Basic Monthly Salary:	<u>\$ 550.00</u>
1.4	Hours of Work:	<u>48 hrs/wk</u>
1.5	Overtime:	<u>\$ 165.00</u>
1.6	Vacation Leave with Pay:	<u>\$ 83.00 per month</u> Leave Days : <u>4.5 days</u>
1.7	Point of Hire:	<u>Manila, Philippines</u>
1.8	Collective Bargaining Agreement, if any::	<u>None</u>
2. That herein terms and conditions in accordance with Governing Board Resolution No. 09 and Memorandum Circular No. 10, both Series of 2010, shall be strictly and faithfully observed.
3. Any alterations or charges, in any of this Contract shall be evaluated, verified, processed and approved by the Philippine Overseas Employment Administration (POEA). Upon approval, the same shall be deemed an integral part of the Standard Terms and Conditions Governing the Employment of Filipino Seafarers On Board Ocean-Going Vessels.
4. Violations of the terms and conditions of this Contract with its approved addendum shall be ground for disciplinary action against the erring party.

IN WITNESS WHEREOF the parties have hereto set their hands this 24th day of April 2019 at Ermita, Manila Philippines.

  
\_\_\_\_\_  
DAVIS, Celestino Osing  
Seafarer

  
\_\_\_\_\_  
CECILIA S. PERALTA  
VP Operations  
For the Employer

Verified and approved by the POEA

**APR 24 2019**

Date



Signature of POEA Official



# Statement

(Rules and Regulations)

*Conautic*

Herewith I, CELESTINO O. DAVIS, joining the MV SOLOMON TOPAZ in the capacity of WELDER on or about 03-MAY-2019

Declare as follow:

Contract Agreement:

I confirmed that I read, examined and understand the contract agreement sufficiently before I signed.

Departure:

After having been advised of the date and time of departure, as well as the flight schedule, I must be at the airport three (3) hours before scheduled flying time

Drug and Alcohol Policy On Board:

I fully understand and agree to the Drug and Alcohol Policy of the Company and shall observe Section 33.6.a.b.c. of the POEA contract.

Transfer:

I agree that I can be transferred to another vessel owned or managed by the same principal. In such case I will receive the same compensation and benefits as are applicable to the contract for my employment on board the SOLOMON TOPAZ, pursuant to Section 23 of the POEA contract.

Baggage:

I am aware of the free baggage allowance offered by the airline, for which I will comply. In the event I exceeded the allowable baggage weight, the fee for said excess baggage shall be for my account.

Vaccinations:

I acknowledge that I was required by my manning agent to obtain all the prescribed vaccinations at its own expense prior to my departure from Manila. I understand that if I failed to do so, the company will arrange vaccination(s) in the joining port, at my own expense.

Dental Treatment:

I understand that my set of teeth must be in a good condition when I depart from Manila and that any problem must be treated before my departure at my own expense. If upon medical examination overseas, it appears that I still have dental problems, the treatment will be for my own account which I am fully aware is more costly.

Overtime:

I agree that I shall receive a fixed or guaranteed amount to cover overtime work beyond the basic working hours of 48 per week. I also agree that any decision whether to render overtime or not is up to the master of the vessel, and that overtime can be ordered on any day of the week, whether that day is (public) holiday or not.

Payment of Cash Advances:

I understand that I shall receive a cash advance of USD 250.00 before my departure from Manila. In case there is a problem during my flight, I can spend this amount and that it will be deducted from my first home allotment.

Visa & Transport Cost:

I understand that I will be provided with money for my visa & transport, and when I fail to present receipt, the amount will be deducted from my first home allotment.

Payment of Allotment:

I agree that my home allotment will be paid at the end of each month to my designated allottee and that the minimum allotment will be paid according the rules and regulations of the POEA.

Extra Remittance Request:

I understand that allotment will be paid each end of the month to the designated allottee and that the minimum allotment will be paid according to the rules and regulations of the POEA.

Leave Pay:

I agree that my leave pay will be paid upon completion of my contract.

Policies:

I have read and understand the policy on smuggling, social media and extension of contract.

Joining Crew Member:

Signature: 

Date: APRIL 30 2019

CRW - 0027 v1.3 8/18/16

Witnessed by manning agent:

Signature: 

# Conautic Maritime Inc.

Suite 312 Penthouse Ermita Center Bldg.  
# 1350 Roxas Blvd., Ermita, Manila, Philippines  
Tel. +632 5280409 . 5277596 . Fax: 5672120  
Email: cmi@conautic.com

## Request for (change of ) Allotment

Name **DAVIS, Celestino O.**  
Position **Welder**  
Vessel **Solomon Topaz**  
Date of Departure **1-May-19**  
Date of Change

	monthly	
Basic Wages:	550.00	
Guaranteed OT:	165.00	
Leave Pay:	83.00	
Owner's Bonus:	-	
Sub Total:	<b>798.00</b>	
Allotment:	678.30	
Pay on board:	N/A	

(any change can be effective from 1st day of month only)

Crew to fill in shaded boxes only

\*) Daily amount = Monthly amount times 12 and divided by  
# Minimum allotment is 80% of basic wages

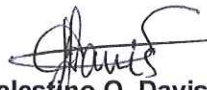
### Allottee

Name: **Evelyn R. Davis**  
Address: **Ph. 9 Pkg. 7-B.**  
**Blk. 29 Lot. 12**  
**Bagong Silang, Caloocan City**  
**Philippines**

### Bank account

Account number:1 **3320-4132-19**  
Name bank: **China Bank**  
Branch: **Caloocan City**  
Amount: **USD 678.30**  
Date: **30-Apr-19**

Signature crew member

  
**Celestino O. Davis**

Signature master (if made up on board)

Allotments can only be charge upon a written request by the officer / seaman

>> White: conautic >>Blue: Manila >>Pink: Ship >> Yellow: Crew Member



## Conautic Maritime Inc.

Suite 312/313 Penthouse, Ermita Center Bldg.  
#1350 Roxas Blvd., Ermita Manila, Philippines  
E-mail: operations@conautic.com

**Date:** Apr 25, 2019  
**Principal:** National Fisheries Development Limited  
**Attention:** National Fisheries Development Limited  
**Fax Number:** +677 61104  
**Regarding:** Info crew joining vessel : Solomon Topaz

### Personal Info

Name of crew	DAVIS, Celestino O.	Vessel	Solomon Topaz
Date of Birth	06-Apr-60	Position	Welder
Place of Birth	Badlan, Cebu	Departure Manila	01-May-19
Status	Married		
Address	Ph. 9 Pkg. 7-B. Blk. 29 Lot. 12 Bagong Silang, Caloocan City, Philippines		

### Vessel, Position

### Official Documents

	<u>Nos.</u>	<u>Issued</u>	<u>Expiry</u>
Passport	P2207753A	08-Mar-17	07-Mar-22
FSMB	C1013037	08-Mar-17	06-Mar-27
Visa	OTB		
OEC	3940525	24-Apr-19	24-Jun-19
PDOS	CMI18-041	11-Jan-18	
Medical	Pre-Employment Medical Examination	12-Apr-19	07-Apr-21

### Flag State Documents

Issued      Valid Till

### Wage Info

	<u>monthly</u>
Basic	550.00
Overtime	165.00
Leave Pay	83.00
Total	798.00
Allotment	678.30

### Payees

Name of Allottee	Evelyn R. Davis
Relationship	Daughter
Bank Account No.	3320-4132-19
Beneficiary(Insur)	Erlinda R. Davis

Name of Crew: DAVIS, Celestino O.

### Training and Other Certificates

#### Course

Certificate - Anti Piracy Training  
Certificate - Basic Training  
Certificate - Shielded Metal Arc Welder

#### Training Center

Conautic Maritime Inc.  
Far East Maritime Foundation Inc.  
Technical Education and Skills Development Authority

#### Issued

12-Jan-18  
25-Jan-18  
22-Sep-14

#### Valid Till

25-Jan-23  
22-Sep-19



**SWORN DECLARATION**

I, Celestino O. Davis, of legal age, Filipino, married, with residence at Ph. 9 Pkg. 7-B, Blk3 29 Lot. 12 Bagong Silang, Caloocan City, Philippines, after having sworn to in accordance with law, hereby depose and declares:

1. That I applied and was accepted as Welder of the vessel Solomon Topaz by CONAUTIC MARITIME INC., a duly licensed manning agency.
2. That at present, the sailing itinerary of the vessel is world-wide.
3. That I am fully aware that the vessel may or may not pass through the High Risk Zone and/or Extended Risk Zone areas set by the IBF and other international maritime organizations pertaining to piracies in the high seas.
4. That I am fully aware and understand, as in fact, I hereby declare, that I shall abide with POEA's Governing Board Resolution No. 09, Series of 2011, and related/amendatory issuances on the matter, which specifically governs the transit of seafarers along the High Risk Zone and Extended Risk Zone areas mentioned above.
5. Moreover, I hereby specifically agree and undertake that if my vessel shall pass the High Risk Zone and/or Extended Risk Zone areas, I shall complete the required voyage of my vessel. If I failed to do so, the costs of my repatriation and that of my reliever, and other attending damages, shall be charged to my own account.

Signed this 30 day of APRIL, 2019.

  
Celestino O. Davis  
 Affiant/Declarant

SIGNED IN MY PRESENCE:

\_\_\_\_\_  
 Republic of the Philippines)  
 City of Manila ) S.S.

**ACKNOWLEDGMENT**

**BEFORE ME**, Notary Public for and in the City of Manila, personally appear the above-named person with his Passport No. \_\_\_\_\_, issued on \_\_\_\_\_, at Manila, known to me and me known to be the same person who executed the foregoing document and acknowledged to me that the same is his voluntary act and deed.

**WITNESS MY HAND** this \_\_\_\_ day of \_\_\_\_\_, 2019 at the place above-mentioned.

**NOTARY PUBLIC**

Doc. No. \_\_\_\_;  
 Page No. \_\_\_\_;  
 Book No. \_\_\_\_;  
 Series of 2019.

Form No. G003

SB3940525 A



Republic of the Philippines  
Department of Labor and Employment

**PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION**  
**OVERSEAS EMPLOYMENT CERTIFICATE**

Name **CELESTINO OSING DAVIS**

Position **WELDER**

**SB. OEC NO3940525**


Agency **CONAUTIC MARITIME INC.**

Principal/Employer **NATIONAL FISHERIES DEVELOPMENT LIMITED**

SIRB No. **C1013037**

This certifies that the holder is a bonafide seafarer whose employment documents were duly processed by the POEA **JUNE 24, 2019**

IMPORTANT: 1. VALID FOR EXIT UP TO.....  
2. NOT VALID WITH ERASURES/ALTERATIONS

  
Authorized Signature

**APRIL 24, 2019**




DATE ISSUED



DOH  
ACCREDITATION  
NUMBER

13-031-17-MF-2

**ARGUELLES MEDICAL**THE POWER OF HEALTH  
FOR THE WORLD'S WORKFORCE1271 Zobel Roxas, Malate, 1004 Manila, Philippines  
Tels: (632) 521-5353 \* (632) 3030-752 \* Fax: (632) 526-8052  
a-md.com**MEDICAL CERTIFICATE FOR SERVICE AT SEA**Approved 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

SURNAME/LAST NAME: <b>DAVIS</b>		GIVEN/FIRST NAME: <b>CELESTINO</b>		MIDDLE NAME: <b>OSING</b>	
AGE: <b>59</b>	DATE OF BIRTH: (day / month / year) <b>06-April-1960</b>	PLACE OF BIRTH: <b>BADIAN CEBU</b>		NATIONALITY: <b>FILIPINO</b>	
GENDER: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		CIVIL STATUS: SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/>		RELIGION: <b>CATHOLIC</b>	
ADDRESS: <b>PH9 PKG 7B BLK 29 LOT 12 BAGONG SILANG CALOCAN CITY</b>					
PASSPORT NO.: <b>P2207753A</b>			SEAMAN'S BOOK NUMBER: <b>C1013037</b>		
POSITION APPLIED FOR: <b>WELDER</b>			COMPANY: <b>CONAUTIC MARITIME, INC.</b>		
DECK: <input type="checkbox"/> ENGINE: <input type="checkbox"/> STEWARD: <input type="checkbox"/> OTHERS: <input checked="" type="checkbox"/>					
<b>DECLARATION OF THE AUTHORIZED PHYSICIAN</b>					
CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION:				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
UNAIDED HEARING SATISFACTORY?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-1/9?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
COLOR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9? Date of the last colour vision test: (Day/Month/Year) <b>8/4/2019</b>				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
VISUAL AIDS (tick if worn)		SPECTACLES <input checked="" type="checkbox"/>	CONTACT LENSES <input type="checkbox"/>		
FIT FOR LOOKOUT DUTIES?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
NO LIMITATIONS OR RESTRICTIONS ON FITNESS?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
IF "NO" specify limitations or restrictions: <b>NO WATCHKEEPING DUTIES</b>					
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 OTHER PERSONS ON BOARD? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
		THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO: <b>CELESTINO OSING DAVIS</b> NAME OF SEAFARER <b>RESULT:</b> FIT FOR SEA DUTY: <input checked="" type="checkbox"/> UNFIT FOR SEA DUTY: <input type="checkbox"/>			
<b>DAVIS, CELESTINO OSING</b> 8-Apr-19 06:15		KATRINA LEI V. MORALES, M.D. NAME AND SIGNATURE OF EXAMINING / AUTHORIZED PHYSICIAN DATE OF EXAMINATION: <b>08-April-2019</b>			
		APPROVED BY:  <b>WILFREDO JOSE P. ARGUELLES JR., M.D.</b> License No.: <b>73645</b> MEDICAL DIRECTOR			
		NAME OF ISSUING AUTHORITY: <b>ARGUELLES MEDICAL CLINIC, INC</b> ADDRESS: <b>1271 Roxas, Malate, 1004 Manila, Philippines</b> PHYSICIAN'S CERTIFYING AUTHORITY: <b>PROFESSIONAL REGULATION COMMISSION</b> PHYSICIAN'S LICENSE NO.: <b>122974</b>			
I HAVE READ AND UNDERSTOOD AND WAS INFORMED OF THE CONTENTS OF THE CERTIFICATE AND THE RIGHT TO A REVIEW IN ACCORDANCE WITH PARAGRAPH 6 OF SECTION A-1/9 OF THE STCW CODE					
SEAFARER'S NAME AND SIGNATURE: <b>CELESTINO OSING DAVIS</b> (THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)				DATE: <b>08-April-2019</b>	
DATE OF ISSUANCE: (day / month / year) <b>12-April-2019</b>			DATE OF EXPIRATION: (day / month / year) <b>07-April-2021</b>		





## MEDICAL EXAMINATION REPORT

Approved 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-I/9 Paragraph 7 and the Maritime Labour Convention, 2006

SURNAME/LAST NAME: <b>DAVIS</b>		FIRST NAME: <b>CELESTINO</b>	MIDDLE NAME: <b>OSING</b>
AGE: <b>59</b>	DATE OF BIRTH: (day / month / year) <b>06-April-1960</b>	PLACE OF BIRTH: <b>BADIAN CEBU</b>	NATIONALITY: <b>FILIPINO</b>
GENDER: <b>MALE</b> <input checked="" type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/>		CIVIL STATUS: <b>SINGLE</b> <input type="checkbox"/> <b>MARRIED</b> <input checked="" type="checkbox"/>	RELIGION: <b>CATHOLIC</b>
ADDRESS: <b>PH9 PKG 7B BLK 29 LOT 12 BAGONG SILANG CALOCAN CITY</b>			
PASSPORT NUMBER.: <b>P2207753A</b>		SEAMAN'S BOOK (SIRB) NUMBER: <b>C1013037</b>	
POSITION APPLIED FOR: <b>WELDER</b>			
DECK: <input type="checkbox"/> ENGINE: <input type="checkbox"/> STEWARD: <input type="checkbox"/> OTHERS: <input checked="" type="checkbox"/>			

NAME OF COMPANY: **CONAUTIC MARITIME, INC.**

I. MEDICAL HISTORY - Has applicant suffered from, been diagnosed, sought advice or treatment from a medical doctor on the following conditions:

Place a check marks ( ✓ ) in the appropriate box ☐.

Head or neck injury	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Lung Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Gynaecological Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Frequent headaches	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	High Blood Pressure	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Last Menstrual Period	
Frequent Dizziness	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Heart Disease/ Vascular / Chest Pain	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Kidney or Bladder Disorder	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Fainting spells, fits or seizures or Other Neurological Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Rheumatic fever	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Back Injury / Joint Pain / Arthritis	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Insomnia or Sleep Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Diabetes Mellitus	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Genetic, Hereditary or Familial Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Depression, Other Mental Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Endocrine Disorders (e.g. Goiter)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sexually Transmitted Disease	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Eye Problems / Error of Refraction	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Cancer or tumor	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Tropical Diseases (e.g. Malaria, Typhoid Fever)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Deafness, Other Ear Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Blood Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Schistosomiasis	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Nose or Throat Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Stomach Pain, Gastritis or Ulcer	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Asthma	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Abdominal Disorder	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Allergies Specify:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Previous Hospitalization(s) / Operation(s) :

Place a check marks ( ✓ ) in the appropriate box ☐.

1. Have you ever been signed off as sick or repatriated from a ship?
2. Have you ever been hospitalized?
3. Have you ever been declared unfit for sea duty?
4. Has your medical certificate ever been restricted or revoked?
5. Are you aware that you have any medical problem, disease or illness?
6. Do you feel healthy and fit to perform the duties of your designated position/occupations?
7. Are you allergic to any medication?



YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Are you taking any non-prescription or prescription medication?  
If yes, please list the medication(s) taken/being taken, and the purpose(s) and dosages(s):

**FEBUXOSTAT**

## II. MEDICAL EXAMINATION

Enter the data called for. Place a check marks ( ✓ ) in the appropriate box ☐.

HEIGHT (cm): <b>162</b>	WEIGHT (kg): <b>70</b>	BLOOD PRESSURE: Systolic: <b>130</b> (mm Hg) Diastolic: <b>70</b> (mm Hg)	PULSE RATE: <b>65 / min</b> RHYTHM:	RESPIRATION: <b>19.. /min</b>	BMI: <b>26.67</b>
VISUAL ACUITY	FAR VISION	NEAR VISION	ISHIHARA COLOR VISION	EAR:	Hearing by Audiometry
Uncorrected	OD 20 / 40 OS 20 / 50	ODJ 1.25M OSJ 1.25M	Adequate <input checked="" type="checkbox"/>	Right	<input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Inadequate
Corrected	OD 20 / 20 OS 20 / 20	ODJ .37M OSJ .37M	Defective <input type="checkbox"/>	Left	<input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Inadequate
				CLARITY OF SPEECH	
				Adequate <input type="checkbox"/> Defective <input type="checkbox"/>	



II. MEDICAL EXAMINATION. (Continuation). Alongside columns A, B, C, put a check mark (✓) under 'YES' if normal. if not Normal, specify findings.

A	YES	Significant Findings	B	YES	Significant Findings	C	YES	Significant Findings
Skin	<input checked="" type="checkbox"/>		Neck, Lymph Nodes, Thyroid	<input checked="" type="checkbox"/>		Genito-urinary System	<input checked="" type="checkbox"/>	
Head, neck, scalp	<input checked="" type="checkbox"/>		Chest-Breast-Axilla	<input checked="" type="checkbox"/>		Inguinals, Genitals	<input checked="" type="checkbox"/>	S/P VARICOCELECTOMY 2017 BILATERAL
Eyes, external	<input checked="" type="checkbox"/>		Lungs	<input checked="" type="checkbox"/>		Extremities	<input checked="" type="checkbox"/>	
Pupils, Ophthalmoscopic	<input checked="" type="checkbox"/>		Heart	<input checked="" type="checkbox"/>		Reflexes	<input checked="" type="checkbox"/>	
Ears	<input checked="" type="checkbox"/>		Abdomen	<input checked="" type="checkbox"/>		Dental (Teeth/Gums)	<input checked="" type="checkbox"/>	
Nose, Sinuses	<input checked="" type="checkbox"/>		Back	<input checked="" type="checkbox"/>				
Mouth, Throat	<input checked="" type="checkbox"/>		Anus-Rectum	<input checked="" type="checkbox"/>				

III. RESULTS OF ANCILLARY EXAMINATIONS. Place a check mark (✓) in the appropriate box ☐

A. CHEST X-RAY: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Findings	D. URINALYSIS: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Findings	G. HIV / AIDS Test: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive NOT REQUIRED
B. ECG: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> With Findings	E. STOOL EXAM: <input type="checkbox"/> Normal <input type="checkbox"/> With Findings NOT REQUIRED	H. TPHA: <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Non-Reactive
C. CBC: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> With Findings	F. HEPATITIS B: <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Non-Reactive	I. VDRL: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive NOT REQUIRED
PSYCHOLOGICAL TEST: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> For Further Evaluation <input type="checkbox"/> Not Required	J. BLOOD TYPE (Specify): <input type="checkbox"/> O	

ADDITIONAL TEST(S): (Specify) e.g. Blood Chemistry, Drug Test, Alcohol Test, Liver Function Test, Stool Culture, etc.

FBS/CREA-NORMAL  
CHOLE (5.50), BUA (482)

IV. SUMMARY. Place a check mark (✓) in the appropriate box ☐

Basic DOH Mandatory Medical Examination:	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> WITH SIGNIFICANT FINDINGS
Additional Laboratory Tests:	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> WITH SIGNIFICANT FINDINGS
Flag / Host Medical and Laboratory Requirements:	<input checked="" type="checkbox"/> PASSED <input type="checkbox"/> WITH SIGNIFICANT FINDINGS

REMARKS / SPECIAL NEEDS (Specify e.g. with medication, diet restriction etc.)

CRBBB/NSSTTWC, HYPERCHOLESTEROLEMIA CLEARED BY CARDIOLOGIST; ASYMPTOMATIC HYPERURICEMIA WITH MEDICATION CLEARED BY RHEUMATOLOGIST; MILD HEARING LOSS AU WITH GOOD SPEECH DISCRIMINATION, CLEARED BY ENT SPECIALIST; NO WATCHKEEPING DUTIES; MUST BRING SPARE EYEGLASSES; MEDICALLY FIT FOR WORK AT THE TIME OF EXAMINATIONS

V. ASSESSMENT OF FITNESS FOR SERVICE AT SEA. Place a check mark (✓) in the appropriate box ☐

On the basis of the examiner's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

	FIT FOR LOOK-OUT DUTY <input type="checkbox"/>	NOT FIT FOR LOOK-OUT DUTY <input checked="" type="checkbox"/>	
	DECK SERVICE	ENGINE SERVICE	CATERING SERVICE
FIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNFIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WITH RESTRICTIONS: ☒ WITHOUT RESTRICTIONS: ☐ VISUAL AIDS REQUIRED: YES ☒ NO ☐

Describe restrictions \*\* (refer to standard restrictions at the bottom of this page).

NO WATCHKEEPING DUTIES

DATE OF MEDICAL EXAMINATION: 08-April-2019 DAY MONTH YEAR	DATE OF EXPIRATION OF MEDICAL EXAMINATION REPORT: 07-April-2021 DAY MONTH YEAR	MEDICAL EXAMINATION REPORT NO. 20190408-0005
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NAME AND SIGNATURE OF EXAMINING / AUTHORIZED PHYSICIAN KATRINA LEI V. MORALES, M.D.

LICENSE NUMBER: 122974

ADDRESS: 1271 Roxas, Malate, 1004 Manila, Philippines

I hereby certify that the personal declaration above is true to the best of my knowledge and I fully understand the above results of my medical examination as explained to me by the examining / authorized physician.

I hereby authorize the release of all my medical records to the DOH / MARINA / POEA, the examining / authorized physician and my employer/manning agency (CONAUTIC MARITIME, INC.).

CELESTINO OSING DAVIS

NAME AND SIGNATURE OF SEAFARER

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

08-Apr-2019

DATE



# ROMEO U. MERIÑO, M.D., FPCP, FPCC

Internal Medicine - Cardiology

## CARDIOVASCULAR CARE CENTER

Rm. 207 Mirasol Bldg.  
854 Apacible St., Cor. Taft Ave. Manila  
Tue - Thur: 10:00 - 12:00 nn  
Tel. No.: 353-7182

## MANILA DOCTOR'S HOSPITAL Rm. 1124

U.N. Avenue, Ermita, Manila  
Mon - Wed - Fri: 11 - 1 pm  
Tue - Thur: 3 - 5 pm  
Tel. No.: 558-0888 Loc. 4517

## CARDIOLOGY REPORT

Dr. Arqueles

Date: 4/11/19

Patient's Name: CELESTINO DAVIS

Reason for the Referral: PCU/ONAB/Ischemia →

History: ang (-) mcl ASSM

(-) HWT/DM/Ischa

Physical Examination: (M) anura

to (-) mv

Diagnostics: \_\_\_\_\_

Impression: Hypercholesterolemia

Stable ang

Prognosis: \_\_\_\_\_

Recommendation: fat to diet

Medication: (duration included) diet & exercise

**MERIÑO, ROMEO, MD.**

Lic. No.: 88537

PTR No.: \_\_\_\_\_

S2 No.: \_\_\_\_\_

**Cristina C. Abella, M.D., FPCP, FPRA**  
INTERNAL MEDICINE/RHEUMATOLOGY  
ARTHRITIS AND CONNECTIVE TISSUE DISEASE SPECIALIST

Manila Doctors Hospital  
Rm 1031 Don Norberto Ty Medical Tower 2  
Tues & Thurs: 1-4 pm  
Fri. 8-11 am  
Tel. No. 558-0888 Loc 4814

Mary Mediatrix Medical Center  
Rm. 212 Medical Arts Bldg.  
J.P. Laurel Highway, Lipa City  
Tel. Nos. (043) 773-6800 Loc. 3167  
Saturday: 12-4 PM

Patient's Name : Alastino Davis Age: 59 Sex: M  
Address : \_\_\_\_\_ Date: 4-11-2019

**RHEUMATOLOGY CLEARANCE**


DIAGNOSIS: Asymptomatic hyperuricemia

- ☒ There is no absolute contraindication for Employment / Travel
- ☐ To come back for final determination pending laboratory tests.
- \_\_\_\_\_

INSTRUCTIONS: ☒ LOW PURINE DIET / ALCOHOL AVOIDANCE / ADEQUATE FLUID INTAKE

☒ OTHERS Regular exercise

MEDICATIONS: \_\_\_\_\_

  
**CRISTINA C. ABELLA, M.D. FPCP, FPRA**  
Lic. No. : 69926  
PTR No. : \_\_\_\_\_



FRANCISCO A. VICTORIA, MD, MMHA, DPBOHNS, FPSOHNS, FPCS  
GERARDO ANIANO C. DIMAGUILA, MD, MPH, DPBOHNS, FPSOHNS  
GREG JEFFERSON C. ILAGAN, MD, DPBOHNS  
KAREN ANN G. ITO, MD, DPBOHNS  
MEDICINE AND SURGERY OF THE EAR, NOSE & THROAT-HEAD AND NECK  
MAXILLOFACIAL PLASTIC SURGERY



ManilaMed- MEDICAL CENTER MANILA  
Room 301 United Nations Avenue  
Ermita, Manila 1000

Mon - Sat 1:00pm - 7:00PM  
Email : kit\_victoria@icloud.com  
Tel. Nos. : (632) 5281140/ 5213332

April 10, 2019

### MEDICAL CERTIFICATE

ARGUELLES MEDICAL CLINIC, INC.

To whom it may concern,

CELESTINO, DAVIS, 59 years old, male, married, applicant for ear, nose and throat evaluation.

Reason(s) for referral/ chief complaint: hearing evaluation

History of Present Illness: denies difficulty of hearing, communicating nor ear infection.

Personal and Past Medical History: Noise Exposure- Power Tools, Engine Room- since 1994- Ear Muff

Pertinent Physical Examination Finding(s):

Otoscopy - impacted cerumen, AS P/E- healed perforation, AU

Pneumatic Otoscopy- good compliance, AS and hypercompliant, AD

Pure Tone Audiometry - mild sensorineural hearing loss with moderate drop at 4kHz and 8kHz, AS (PTA 33.30) and mild mixed hearing loss with severe sloping at high frequencies, AD (PTA 33.30).

Speech reception threshold conformed to pure tone averages.

Speech discrimination scores are: 100%, AS and 100%, AD

Anterior Rhinoscopy: septal deviation, right; spur, left

Impression(s): Please refer to audiometry results

Recommendation: Fit to work but must conform to the standards of the referring clinic, country of destination and/or employer.

This certification is being issued per patient request as part of his medical report.

Very truly yours,

 <b>ARGUELLES MEDICAL CLINIC, INC.</b> 1271 Zobel Roxas, Malate, 1004 Manila, Philippines Tels: +632 5215353, +632 3030752 Fax: +632 5268052 <b>SEROLOGY/IMMUNOLOGY</b>	<b>NAME: CELESTINO OSING DAVIS</b>	
	<b>Agency:</b> CONAUTIC MARITIME, INC.	
<b>DATE: 08-April-2019</b>		

EXAMINATION	RESULTS	VALUES
PHA	NON-REACTIVE	

 <b>RICCI ELEONOR C. BARTOLOME, R.M.T.</b> Medical Technologist		 <b>IGNACIO DE GUZMAN, JR., M.D., FPSP</b> Pathologist
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**ARGUELLES MEDICAL****CLINIC, INC.**

271 Zobel Roxas, Malate, 1004 Manila,

Philippines

Tels: +632 5215353, +632 3030752

Fax: +632 5268052

**HEMATOLOGY**

NAME: CELESTINO OSING DAVIS

Agency:

Age/Sex: 59/MALE

CONAUTIC MARITIME, INC.

DATE: 08-Apr-2019



Complete Blood Count			Differential Count		
CONSTITUENT	RESULT	REF. VALUES	CONSTITUENT	RESULT	REF. VALUES
Hemoglobin	<b>158</b>	M: 135 - 180 g/L F: 115 - 160 g/L	MCV		80 - 100 fl
Hematocrit	<b>0.48</b>	M: 0.40 - 0.54 F: 0.37 - 0.47	MCH		27 - 32 pg
White Cell Count	<b>7.10</b>	4.00 - 11.00 x 10 <sup>9</sup> /L	MCHC		310 - 360 g/L
Red Cell count	<b>5.10</b>	M: 4.50 - 6.50 x 10 <sup>12</sup> /L F: 3.80 - 5.80 x 10 <sup>12</sup> /L	RDW		11.8 - 14.9 %
DIFFERENTIAL COUNT			Reticulocyte Count		5 - 15 x 10 <sup>3</sup> /L
			PROTHROMBIN TIME:		
	Neutrophils	(50.0 - 70.0 %)	Patient		10 - 15 secs.
	Lymphocytes	(20.0 - 40.0 %)	Control		11 - 16 secs.
	Eosinophils	(0.5 - 5.0 %)	Activity		80 - 100 %
	Monocytes	(3.0 - 12.0 %)	INR		0.71 - 1.55
	Basophils	(0.0 - 1.0 %)	PTT		
Platelet Count	<b>236</b>	M: 150 - 450 x 10 <sup>9</sup> /L F: 150 - 400 x 10 <sup>9</sup> /L	Patient		21 - 33 secs.
Clotting Time		2 - 6 mins.	Control		24 - 39 secs.
Bleeding Time		1 - 3 mins.	Blood / RH Type <b>O</b>		
Erythrocyte Sed. Rate		M: 0 - 15 mm/hr. F: 0 - 20 mm/hr.			

thers :

  
BLESILDA OBUNGEN-FARALES, R.M.T.

Medical Technologist

  
IGNACIO DE GUZMAN, JR., M.D., FPSP

Pathologist



## TABULATED PSYCHOLOGICAL EVALUATION FORM

Name: CELESTINO OSING DAVIS  
Position applied for: WELDER  
Referred by: CONAUTIC MARITIME, INC.  
Date of Examination: 8-Apr-2019



### TEST ADMINISTERED

(X) Personality Test (X) Intelligence Test (IQ) OTHERS: BPI

### I. INTELLECTUAL LEVEL

- ☐ Very Superior ☐ Average ☐ Mentally Deficient  
☐ Superior ☒ Below Average  
☐ Above Average ☐ Borderline

### II. PERSONALITY TRAITS AND CHARACTERISTICS

	1	2	3	4	5	6	7
1. SENSE OF RESPONSIBILITY Perseverance Obedience Self-discipline / Orderliness Enthusiasm Initiative						X X X	X X
2. EMOTIONAL STABILITY Can withstand boredom and work alone Tolerance to stress, pressures and inconveniences Faces reality Confidence Relaxed						X X X X X	
3. OBJECTIVITY Tough-mindedness Adaptability Practicality						X X X	
4. MOTIVATION Assertive Independence Resourcefulness					X	X	X
5. INTERPERSONAL AND PERSONAL ADJUSTMENT Relationship with Peers and Co-workers (Teammanship) Relationship with Superiors, Employers and Authority Figures (Deference) Self-esteem Aggressive Tendencies					X	X X X	
6. GOAL-ORIENTATION Direct one's effort towards clear cut objectives						X	

### III. CONCLUSIONS / REMARKS

#### ☒ RECOMMENDED

No significant personality problems noted at the time of examination.

#### ☐ FOR FURTHER EVALUATION

Legend: 1. Very Low 4. Average 7. Very High  
2. Low 5. High Average  
3. Low Average 6. High

NENITA V. RAMIREZ, RPh  
PSYCHOMETRICIAN  
PRC #: 0000499  
Date Issued: 03/31/2014  
Valid Until: 02/13/2020

AMOR MIA ARANDIA, MA, RPh, RP  
PSYCHOLOGIST  
PRC #: 0000407  
Date Issued: 03/26/2014  
Valid Until: 09/10/2020  
PTR #: 5441371