DOH ACCREDITATION NUMBER

13-028-14-MF-2

ARGUELLES MEDICAL

THE POWER OF HEALTH FOR THE WORLD'S WORKFORCE

1271 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-I/9 Paragraph 7 and the Maritime Labour Convention, 2006

SURNAME/LAST NAME:	GIVEN/FIRST NAME:	MIDDLE NAME:
SOLER	REYNALDO	ELLOREN

AGE:	DATE OF BIRTH: (day / month / year)	PLACE OF BIRTH:	NATIONALITY:
54	09-April-1961	ISABELA BASILAN	FILIPINO

GENDER: MALE ☑ FEMALE ☐ | CIVIL STATUS: SINGLE ☐ MARRIED ☑ | RELIGION: CATHOLIC

ADDRESS: 4763 SOUTHCOM VILL. ZAMBOANGA CITY

PASSPORT NO.: EB 8518632 | SEAMAN'S BOOK NUMBER: B1144923

POSITION APPLIED FOR: CAPTAIN
DECK : ☑ ENGINE: ☐ STEWARD: ☐ OTHERS: ☐ _____

COMPANY: CONAUTIC MARITIME, INC.

DECLARATION OF THE AUTHORIZED PHYSICIAN

CONFIRMATION THAT IDENTIFICATION DOCUMENTS WERE CHECKED AT THE POINT OF EXAMINATION:	YES ☑	NO ☐
HEARING MEETS THE STANDARDS IN STCW CODE, SECTION A-1/9?	YES ☑	NO ☐
UNAIDED HEARING SATISFACTORY?	YES ☑	NO ☐
VISUAL ACUITY MEETS STANDARDS IN STCW CODE, SECTION A-I/9?	YES ☑	NO ☐
COLOR VISION MEETS STANDARDS IN STCW CODE, SECTION A-I/9? Date of the last colour vision test: (Day/Month/Year) **28/4/2015**	YES ☑	NO ☐
VISUAL AIDS (tick if worn) SPECTACLES ☑ CONTACT LENSES ☐		
FIT FOR LOOKOUT DUTIES?	YES ☑	NO ☐
NO LIMITATIONS OR RESTRICTIONS ON FITNESS?	YES ☑	NO ☐

IF "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 OTHER PERSONS ON BOARD? YES ☐ NO ☑

SOLER, REYNALDO ELLOREN
28-Apr-15 14:30

THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:
REYNALDO ELLOREN SOLER
NAME OF SEAFARER

RESULT:
FIT FOR SEA DUTY: ☑ UNFIT FOR SEA DUTY: ☐

SHELLA MARIE MANALO-BATITIS, M.D.
NAME AND SIGNATURE OF EXAMINING / AUTHORIZED PHYSICIAN
DATE OF EXAMINATION: 28-April-2015

APPROVED BY:

WILFREDO JOSE P. ARGUELLES JR., M.D.
License No.: 73645
MEDICAL DIRECTOR

ARGUELLES MEDICAL CLINIC GCC NO. 03/01/01 Manila, Philippines

NAME OF ISSUING AUTHORITY: **ARGUELLES MEDICAL CLINIC, INC**
ADDRESS: **1271 Roxas, Malate, 1004 Manila, Philippines**
PHYSICIAN'S CERTIFYING AUTHORITY: PROFESSIONAL REGULATION COMMISSION
PHYSICIAN'S LICENSE NO.: 114680

I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE AND THE INTEGRAL NOTES HEREOF.

SEAFARER'S NAME AND SIGNATURE: REYNALDO ELLOREN SOLER DATE: 28-April-2015
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

DATE OF ISSUANCE: (day / month / year) 08-May-2015 | DATE OF EXPIRATION: (day / month / year) 07-May-2017

CONTROL NO.: 20150428-0080

IMPORTANT INTEGRAL NOTES

1. Only information directly relevant to the functional requirements of the seafarer's duties is included in this Certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix G).

2. Details of any medical conditions identified or test results other than those listed herein are not recorded in this Certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix G).

3. A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document in compliance with ILO/IMO Guidelines on the Medical Examinations of Seafarers Appendix F and DOH Guidelines.

4. This certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to their post at sea safely and effectively during the period of validity of the medical certificate. (ILO/IMO Guidelines on the Medical Examinations of Seafarers Part I. IV. Paragraph 18)

5. This medical certificate shall be valid for a maximum period of two (2) years subject to physician's recommendations and / or principal's requirements.

6. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medial referee who is independent of the shipowner or of any organization of shipowners or seafarers.

DOH ACCREDITATION NUMBER

13-028-14-MF-2

ARGUELLES MEDICAL

THE POWER OF HEALTH FOR THE WORLD'S WORKFORCE

1271 Zobel Roxas, Malate, 1004 Manila, Philippines
Tels: (632) 521-5353 * (632) 3030-752 * Fax: (632) 526-8052
a-md.com

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:	FIRST NAME:	MIDDLE NAME:
SOLER	REYNALDO	ELLOREN

AGE:	DATE OF BIRTH: (day / month / year)	PLACE OF BIRTH:	NATIONALITY:
54	09-April-1961	ISABELA BASILAN	FILIPINO

GENDER: MALE ☑ FEMALE ☐ | CIVIL STATUS: SINGLE ☐ MARRIED ☑ | RELIGION: CATHOLIC

ADDRESS: 4763 SOUTHCOM VILL. ZAMBOANGA CITY

PASSPORT NUMBER.: EB 8518632 | SEAMAN'S BOOK (SIRB) NUMBER: B1144923

POSITION APPLIED FOR: CAPTAIN

DECK : ☑ ENGINE: ☐ STEWARD: ☐ OTHERS: ☐

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

Previous Hospitalization(s) / Operation(s) :

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

	YES	NO
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?	☐	☑
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):	☐	☑

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

HEIGHT (cm):	WEIGHT (kg):	BLOOD PRESSURE:	PULSE RATE: 84 / min	RESPIRATION: 19.. /min	BMI:
170	73	Systolic: 130 (mm Hg) Diastolic: 70 (mm Hg)	RHYTHM:		25.26

VISUAL ACUITY	FAR VISION		NEAR VISION		ISHIHARA COLOR VISION	EAR:	Hearing by Audiometry	CLARITY OF SPEECH
Uncorrected	OD 20 / 200	OS 20 / 100	ODJ 1.25M	OSJ 1.25M	Adequate ☑	Right	☑ Adequate ☐ Inadequate	Adequate ☐
Corrected	OD 20 / 20	OS 20 / 20	ODJ .37M	OSJ .37M	Defective ☐	Left	☑ Adequate ☐ Inadequate	Defective ☐

DOH-PEMER-SB Revision 00 06/21/2013

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

A	YES	Significant Findngs	B	YES	Significant Findngs	C	YES	Significant Findngs
Skin	☑	SUBCUTANEOUS ARM MASS, BILATERAL	Neck, Lymph Nodes, Thyroid,	☑		Genito-urinary System	☑	
Head, neck, scalp	☑	T/C LIPOMA	Chest-Breast-Axilla	☑		Inguinals, Genitals	☑	
Eyes, external	☑		Lungs	☑		Extremities	☑	
Pupils, Ophthalmoscopic	☑		Heart	☑		Reflexes	☑	
Ears	☑	PERFORATED TM, AS	Abdomen	☑		Dental (Teeth/Gums)	☑	
Nose, Sinuses	☑		Back	☑				
Mouth, Throat	☑		Anus-Rectum	☑				

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

A. CHEST X-RAY: ☑ Normal ☐ With Findings	D. URINALYSIS: ☑ Normal ☐ With Findings	G. HIV / AIDS Test: ☐ Reactive ☐ Non-Reactive NOT REQUIRED
B. ECG: ☑ Normal ☐ With Findings	E. STOOL EXAM: ☐ Normal ☐ With Findings NOT REQUIRED	H. RPR: ☐ Reactive ☑ Non-Reactive
C. CBC: ☑ Normal ☐ With Findings	F. HEPATITIS B; ☐ Reactive ☑ Non-Reactive	I. BLOOD TYPE (Specify): O

PSYCHOLOGICAL TEST: ☑ Normal ☐ For Further Evaluation

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

FBS/CREA/BUA-NORMAL; TPHA-NEGATIVE; CHOLE- (7.16)

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

Basic DOH Mandatory Medical Examination:	☑ PASSED	☐ WITH SIGNIFICANT FINDINGS
Additional Laboratory Tests:	☑ PASSED	☐ WITH SIGNIFICANT FINDINGS
Flag / Host Medical and Laboratory Requirements:	☑ PASSED	☐ WITH SIGNIFICANT FINDINGS

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

HYPERCHOLESTEROLEMIA WITH MEDICATION; AIDED HEARING ACCEPTABLE TO PRINCIPAL CLEARED BY ENT SPECIALIST

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 ☑ NOT FIT FOR LOOK-OUT DUTY ☐

	DECK SERVICE	ENGINE SERVICE	CATERING SERVICE	OTHER SERVICES
FIT	☑ CAPTAIN	☐	☐	☐
UNFIT	☐	☐	☐	☐

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

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

DATE OF MEDICAL EXAMINATION:	DATE OF EXPIRATION OF MEDICAL EXAMINATION REPORT:	MEDICAL EXAMINATION REPORT NO.
28-April-2015 DAY MONTH YEAR	**07-May-2017** DAY MONTH YEAR	20150428-0080

NAME AND SIGNATURE OF EXAMINING / AUTHORIZED PHYSICIAN SHELLA MARIE MANALO-BATITIS, M.D.

LICENSE NUMBER: 114680

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.**).

REYNALDO ELLOREN SOLER
NAME AND SIGNATURE OF SEAFARER

28-Apr-2015
DATE

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

* No solo watchkeeping
* Not fit for emergency duties
* Not 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 period over 24 hours/7days
* Not to lift items weighing over 5/10/20/40 kg
* Protective gloves to be worn for work with (specify)
* Not to work with (specify)
* Not fit for food handling
* Within (specify) miles from safe haven
* Near - coastal only
* Coastal waters only, up to (specify) miles from shore
* Non-tropical waters only
* Not fit for service on stand-by vessels
* Fit for service only on vessels with ship's doctor
* Toilet/washing facilities in private cabin required