The Quality Management System of PDSCSWI has been assessed and certified 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

Rev. No. : 00
Rev. Date : 00
Issue Date : 08-Jan-2018

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

SURNAME/LAST NAME:	GIVEN NAME:	MIDDLE NAME:
MADERO	CHRISTOPHER	FRAN

AGE:	DATE OF BIRTH:	PLACE OF BIRTH:	NATIONALITY:
41	02 May 1977	PARAÑAQUE, METRO MANILA	FILIPINO

CIVIL STATUS: SINGLE ☐ WIDOWED ☐ MARRIED ☑ SEPARATED ☐

GENDER: MALE ☑ FEMALE ☐

RELIGION: ROMAN CATHOLIC

ADDRESS: BRGY 6 PUROK 1, MADI ST, DAET CAMARINES NORTE

PASSPORT NO: EC7345354

SEAMAN'S BOOK (SIRB) NUMBER: C0683862

COMPANY: CONAUTIC MARITIME INC.

POSITION APPLIED FOR:
DECK ☑ ENGINE ☐ CATERING ☐ OTHERS ☐ PLEASE SPECIFY ABLE SEAMAN

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-1/9?	Yes ☑	No ☐
COLOR VISION MEETS STANDARDS IN STCW CODE, SECTION A-1/9?	Yes ☑	No ☐
Date of last color vision test: (Day/Month/Year) 14 Jan 2019		
VISUAL AIDS (tick if worn) SPECTACLES ☐ CONTACT LENSES ☐		
FIT FOR LOOKOUT DUTIES?	Yes ☑	No ☐
NO LIMITATIONS OR RESTRICTIONS ON FITNESS If "NO" specify limitations or restrictions:	Yes ☑	No ☐
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?	Yes ☐	No ☑

THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:
MADERO, CHRISTOPHER FRAN
(NAME OF SEAFARER)

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

KIM GABRIEL T. MAGTIBAY, M.D.
NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN

DATE OF EXAMINATION: 14 Jan 2019

APPROVED BY:
PEDRO S. DE GUZMAN, M.D., FPCOM
LIC. NO. 0029271
MEDICAL DIRECTOR

NAME OF ISSUING AUTHORITY: KIM GABRIEL T. MAGTIBAY, M.D.
ADDRESS: 4th Flr. 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 OF SECTION A-1/9 OF THE STCW CODE.

SEAFARER'S NAME AND SIGNATURE: MADERO, CHRISTOPHER FRAN DATE: 16 Jan 2019
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

DATE OF ISSUANCE OF PEME CERTIFICATE: (DAY/MONTH/YEAR)	DATE OF EXPIRATION OF PEME CERTIFICATE: (DAY/MONTH/YEAR)
16 Jan 2019	16 Jan 2021

The Quality Management System of PDSCSWI has been assessed and certified 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

Rev no : 00
Rev Date : 00
Issue Date : 08-Jan-2018

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 Name: MADERO	**Given Name:** CHRISTOPHER	**Middle Name:** FRAN
Age: 41	**Date of Birth:** 02 May 1977	**Place of Birth:** PARAÑAQUE, METRO MANILA
Nationality: FILIPINO		
Gender: Male ☑ Female ☐	**Civil Status** Single ☐ Married ☑ Widowed ☐ Separated ☐	**Religion:** ROMAN CATHOLIC
Address: BRGY 6 PUROK 1, MADI ST, DAET CAMARINES NORTE		
Passport No: EC7345354	**Seaman's Book (SIRB) Number:** C0683862	
Position applied for: DECK ☑ ENGINE ☐ CATERING ☐ OTHERS ☐ (Specify) ABLE SEAMAN		
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 mark (✓) in the appropriate box ☐

Head or Neck Injury	YES ☐ NO ☑	Other Lung Disorders	YES ☐ NO ☑	Gynecological Disorders	YES ☐ NO ☑
Frequent Headaches	YES ☐ NO ☑	High Blood Pressure	YES ☐ NO ☑	Last Menstrual Period Specify Date	
Frequent Dizziness	YES ☐ NO ☑	Heart Disease/Vascular/ Chest Pain	YES ☐ NO ☑	Kidney or Bladder Disorder	YES ☐ NO ☑
Fainting Spells, Fits, Seizures or Other Neurological Disorders	YES ☐ NO ☑	Rheumatic Fever	YES ☐ NO ☑	Back injury/Joint Pain/ Arthritis	YES ☐ NO ☑
Insomnia or Sleep Disorders	YES ☐ NO ☑	Diabetes Mellitus	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 - Specify Date)	YES ☐ NO ☑
Deafness, Other Ear Disorders	YES ☐ NO ☑	Blood Disorders	YES ☐ NO ☑	Schistosomiasis (Specify Date)	YES ☐ NO ☑
Nose or Throat Disorders	YES ☐ NO ☑	Stomach Pain, Gastritis or Ulcer	YES ☐ NO ☑	Asthma	YES ☐ NO ☑
Tuberculosis	YES ☐ NO ☑	Other Abdominal Disorders	YES ☐ NO ☑	Allergies (Specify)	YES ☐ NO ☑
Hemorrhoids	YES ☐ NO ☑	Heart Surgery	YES ☐ NO ☑	Varicose Veins	YES ☐ NO ☑
Skin Problems	YES ☐ NO ☑	Infectious / Contagious Diseases	YES ☐ NO ☑	Hernia	YES ☐ NO ☑
Loss of Consciousness	YES ☐ NO ☑	Attempted Suicide	YES ☐ NO ☑	Restricted Mobility	YES ☐ NO ☑
Fracture / Dislocation	YES ☐ NO ☑	Balancing Problem	YES ☐ NO ☑	Operation(s) (Specify)	YES ☐ NO ☑

Previous Hospitalizations / Operation(s):
NONE

Place a check mark (✓) 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? If yes, please specify below	☐	☑
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/occupation?	☑	☐
7. Are you allergic to any medication? Comments:	☐	☑
8. Are you taking any non-prescription or prescription medications? If yes, please list the medication(s) taken/being taken, and the purpose(s) and dosage(s)	☐	☑

II. MEDICAL EXAMINATION
Enter the data called for. Place a check mark (✓) in the appropriate box ☐ along side A, B, C, put a check mark (✓) under "Yes" if Normal, If not Normal, specify findings.

HEIGHT(cm)	WEIGHT (kg)	BLOOD PRESSURE	PULSE RATE: 70 /min	RESPIRATION	BMI
166.00	75.00	Systolic: 110 (mm Hg) Diastolic: 80 (mm HG)	RHYTHM: REGULAR	18 /min	27.27 kg/m2

VISUAL ACUITY	FAR VISION	NEAR VISION	ISHIHARA COLOR VISION	EAR	Hearing by Audiometry	CLARITY OF SPEECH
Uncorrected	OD 20/20 OS 20/20	ODJ .62 OSJ .62	Adequate ☑	Right	☑ Adequate ☐ Inadequate	☑ Adequate
Corrected	OD OS	ODJ OSJ	Defective ☐	Left	☑ Adequate ☐ Inadequate	☐ Defective

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	☑		Neck,Lymph Nodes,Thyroid	☑		Genito-Urinary System	☑	
Head,Neck,Scalp	☑		Chest-Breast-Axilla	☑		Inguinals, Genitals, Hernia	☑	
Eyes,External	☑		Lungs	☑		Extremities	☑	
Pupils,Opthalmoscopic	☑		Heart	☑		Reflexes	☑	
Ears	☑		Abdomen	☑		Dental(Teeth/Gums)	☑	
Nose,Sinuses	☑		Back	☑		Dental Significant Findings **CLEARED**		
Mouth,Throat	☑		Anus-Rectum	☑				

OTHER FINDINGS

BODY TEMPERATURE - 36.9°C
WHISPER TEST - NORMAL

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. TPHA ☐ Positive ☐ Negative ☑ Not Required
C. CBC: ☑ Normal ☐ With Findings	F. Hepatitis B: ☐ Reactive ☑ Non-reactive ☐ Not Required	I. RPR and/or VDRL ☐ Reactive ☑ Non-reactive ☐ Not Required
PSYCHOLOGICAL TEST (when required): ☑ Normal ☐ For Further Evaluation		J. BLOOD TYPE (Specify): **Type O** ⊞ *RH Factor

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

***CHEMICAL TEST - NORMAL**
***BLOOD CHEMISTRY – NORMAL**
***DRUG AND ALCOHOL TEST - NEGATIVE**

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 Country Medical and Laboratory Requirements:	☑ PASSED	☐ WITH SIGNIFICANT FINDINGS

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

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

On the basis of the examinee'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	☑	☐	☐	☐
UNFIT	☐	☐	☐	☐

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

Describe restriction**(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.
14 Jan 2019	**This certificate is valid until 16 Jan 2021**	**20190114-0319-SW**

NAME AND SIGNATURE OF EXAMINING/AUTHORIZED PHYSICIAN: **KIM GABRIEL T. MAGTIBAY, M.D.**
LICENSE NUMBER: **LIC. NO. 138048**
ADDRESS: **Physicians' Tower Bldg., 533 United Nations Avenue, Ermita, Manila**

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, PHYSICIANS' DIAGNOSTIC SERVICES CENTER, INC. and my employer /manning agency (CONAUTIC MARITIME INC.).

MADERO, CHRISTOPHER FRAN — NAME AND SIGNATURE OF SEAFARER
THE SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

16 Jan 2019 — DATE

STANDARD RESTRICTIONS (Duties):

- *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 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*
- *Non-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)*