KERAJAAN MALAYSIA
GOVERNMENT OF MALAYSIA

Marine Headquarters, Marine Department Malaysia, P.O Box 12, 42007 Port Klang
Tel: 03 – 3346 7777, Fax: 03 – 3168 5289, E-mail: kpgr@marine.gov.my Website: http://www.marine.gov.my

SIJIL PEMERIKSAAN PERUBATAN
MEDICAL EXAMINATION CERTIFICATE

	Family Name	Given Name(s)
1) Nama pemegang sijil (seperti dalam passport): *Name of holder of Certificate (as in passport):*	DATTA	DEBASHIS

2) *Jantina: Lelaki / Wanita
Gender: (Male) / Female

3) Warganegara: *Nationality:* BANGLADESHI

4) No. Kad Pelaut: *Seaman Card No.:* 050003207

5) No. Kad Pengenalan/Passport: *Identity Card No/Passport.:* A08001150

6) Tarikh Lahir (dd/mm/yyyy): *Date of Birth:* 18/02/1992

7) Jawatan: *Profession:* MARINER

8) Pengakuan oleh Pengamal Perubatan yang Diiktiraf:
Declaration of the Recognized Medical Practitioner:

	Yes/Ya	No/Tidak
8.1 Pengesahan dokumen pengenalan telah disemak ketika pemeriksaan *Confirmation that identification documents were checked at the point of examination*	☑	☐
8.2 Pendengaran menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda *Hearing meets the standards in section A-I/9 of the STCW 78 as amended*	☑	☐
8.3 Pendengaran memuaskan tanpa apa-apa bantuan? *Unaided hearing satisfactory?*	☑	☐
8.4 Ketajaman penglihatan menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Visual acuity meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
8.5 Penglihatan warna menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Colour vision meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
- Tarikh terakhir ujian penglihatan warna: *Date of last colour vision test:* 13 JUL 2023		
8.6 Layak untuk tugas peninjauan? *Fit for look-out duties?*	☑	☐
8.7 Tiada had atau sekatan dari aspek kecergasan? *No limitations or restriction on fitness?*	☑	☐
Jika "Tidak", nyatakan had dan sekatan: *If "No", specify limitations or restrictions:*		
8.8 Adakah pelaut bebas dari apa-apa keadaan perubatan yang mungkin dimudharatkan melalui perkhidmatan laut atau boleh menyebabkan seseorang pelaut tidak layak untuk perkhidmatan sedemikian atau mungkin membahayakan kesihatan mana-mana orang di atas kapal? *Is the seafarer free 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 of other persons on board?*	☑	☐

No: JLM 360944

Saya mengesahkan bahawa saya telah memeriksa pelaut seperti di atas mengikut standard perubatan dan penglihatan Malaysia
I certify that I have examined the above-named seafarer to standards of the medical and eyesight of Malaysia
sepertimana dalam Kaedah-Kaedah Perkapalan Saudagar (Pemeriksaan Perubatan) 1999 seperti pindaan,
as in the Merchant Shipping (Medical Examination) Rules 1999 as amended,
dan didapati beliau *layak ~~atau tidak~~ layak untuk menjalankan tugas pelaut dengan pembatasan-pembatasan berikut:
*and have found him to be *fit or ~~unfit~~ for seafaring subject to the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

9) Kategori Kecergasan Perubatan:
Category of Medical Fitness: "B"

10) Tarikh pemeriksaan (dd/mm/yyyy):
Date of Examination: 13 JUL 2023

11) Tarikh luput sijil (dd/mm/yyyy):
Expiry date of certificate: 12 JUL 2025

12) Tandatangan pelaut:
Signature of seafarer: Debashis Datta.

13) Nama pengamal perubatan:
Name of medical practitioner: DR. MIR MD. RAIHAN.

14) Tandatangan pengamal perubatan:
Signature of medical practitioner:

15) Pendaftaran MMC:
MMC Registration:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

16) Cop rasmi:
Official stamp:

Radical Hospitals Ltd.
SIPer-MLC-2006
Approved by Department of Shipping

- *This certificate is issued by the Government of Malaysia in compliance with the requirements of Title 1.Regulation 1.2 under Maritime Labour Convention (2006)*
- *The maximum validity of this certificate is only two (2) years*

**** strikethrough whichever not applicable***

JL/HEPP/D/16

JABATAN LAUT MALAYSIA
Ibu Pejabat Laut Semenanjung Malaysia, Peti Surat 12, 42007 Pelabuhan Klang
Tel: 03-3695100, Fax: 03-3685289, E-mail: kpgm@marine.gov.my http://www.marine.gov.my

LAPORAN PENGAMAL PERUBATAN
MEDICAL PRACTITIONER'S REPORT

Saya telah memeriksa DEBASHIS DATTA No. KP/Paspot: A08001150
I have examined *IC/Passport No:*

mengikut standard perubatan Jabatan Laut Malaysia JL/P/02/98 dan keputusannya adalah berikut:
as per the Malaysian Marine Department medical standards JL/P/02/98 and the results are as follows:

Tinggi/Berat *Height/Weight*	1.76 metres	78 kg
Pendengaran *Hearing*	kanan *right*	kiri *left*
Penglihatan *Eyesight*	6/6 kanan *right*	6/6 kiri *left*
Penglihatan dgn kacamata *Eyesight with visual aids*	kanan *right*	kiri *left*
Penglihatan Warna *Colour Vision*	Normal	
Ujian Kencing *Urinalysis*	nil gula *sugar* nil albumin	
Nadi *Pulse*	78 /min	
Tekanan darah *Blood pressure*	120/70 mm	
Chest X-ray	Normal/Abnormal	X-ray Number: 23070216
ECG	Normal/Abnormal	

KEPUTUSAN PEPERIKSAAN *EXAMINATION RESULTS*

- **LAYAK** *FIT* ☑
- **TIDAK LAYAK** *UNFIT* ☐
- **TIDAK LAYAK SEMENTARA** *TEMPORARILY UNFIT* ☐

		Normal	Abnormal	Remarks
1	Infectious diseases	☑	☐	
2	Malignant Neoplasm	☑	☐	
3	Endocrine and Metabolic Disease	☑	☐	
4	Disease of the blood and blood forming organs	☑	☐	
5	Mental Disorders	☑	☐	
6	Central Nervous system	☑	☐	
7	Cardiovascular system	☑	☐	
8	Respiratory system	☑	☐	
9	Digestive system	☑	☐	
10	Genito-Urinary System	☑	☐	
11	Pregnancy	No ☑	Yes ☐	(week _____)
12	Skin	☑	☐	
13	Musculo-skeletal system	☑	☐	
14	Speech Defects	☑	☐	
15	Ears/Nose/Throat	☑	☐	
16	Eyes	☑	☐	

Perakuan ini sah sehingga 12 JUL 2025
This certificate is valid until

Tarikh
Date 13 JUL 2023

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ Reg. No. MLG-2006

Signature of Medical Practitioner
MMC No:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

PENGAKUAN PELAUT YANG INGIN MENJALANI PEMERIKSAAN PERUBATAN
TESTIMONIAL OF SEAMAN UNDERGOING MEDICAL EXAMINATION

Sila jawab soalan-soalan berikut berhubung dengan sejarah kesihatan anda. Tandakan X dalam kotak ruangan yang sesuai 'Ya' atau 'Tidak'. Jika 'Ya' jelaskan dalam ruangan catitan.
Please answer the following with reference to your health. Tick X in the appropriate 'Yes' or 'No' column. If ticked 'Yes' please elaborate in the remarks column.

Adakah anda mempunyai sejarah atau sedang mengalami penyakit berikut:
Do you have any history or are undergoing treatment in any of the following:

No	Perihal *Regarding*	Ya *Yes*	Tidak *No*	Catitan *Remarks*
1	Masalah mata *Eye disorders*			
	- Katarak *Cataract*			
	- Pandangan monocular *Monocular sight*			
	-Lain-lain yang menyebabkan halangan pandangan *-Other factors which hinder vision*			
2	Buta warna *Colour blind*			
3	Sukar melihat dalam gelap *Night blindness*			
4	Apa-apa jenis sawan atau kekejangan *Convulsion or fits*			
5	Kecederaan berat dikepala *Heavy injuries to head*			
6	Serangan pening atau pening *Dizziness*			
7	Sakit kepala yang berat atau 'migraine' *Severe headache or migraine*			
8	Pembedahan otak yang 'major' *Major brain operation*			
9	Kencing manis dalam rawatan insulin *Diabetis undergoing insulin treatment*			
10	Penyakit mental *Mental Disorder*			
11	Penyalahgunaan arak/dadah dalam masa 5 tahun yang lalu *Misuse of alcohol/drugs within last 5 years*			
12	Kecacatan tulang belakang *Spinal disformity*			
13	Penyakit jantung/tekanan darah tinggi/debaran jantung *Heart disease/ hypertension/ heart palpitations*			
14	Sesak nafas/muntah darah/batuk kronik *Breathing difficulty/ blood vomitting/ chronic cough*			
15	Pekak *Deafness*			
16	Penyakit buah pinggang *Kidney disease*			
17	Apa-apa rawatan yang berulang *Any regular medical treatment*			
18	Apa-apa penyakit/kecederaan yang tidak dinyatakan diatas *Any injury/disease not stated above*			

Saya dengan ini mengisytiharkan bahawa saya telah dengan teliti mengambilkira kenyataan yang dibuat diatas dan saya percaya ianya lengkap dan tepat. Saya seterusnya mengisytiharkan bahawa saya tidak menyembunyikan apa-apa maklumat atau membuat apa-apa kenyataan palsu yang boleh menjejaskan prestasi kerja saya. Saya memberi izin kepada pengamal perubatan yang memeriksa untuk berkomunikasi dengan mana-mana pengamal perubatan yang memeriksa saya dan Jabatan Laut, dalam hal-hal yang boleh memberikan kesan ke atas kesesuaian untuk bekerja diatas kapal.
I declare that the information given above is correct to the best of my knowledge. I further declare that I have not hidden any information or made false statement which can jeopardize my work. I do give permission for the medical practitioner to communicate with any other medical practitioners or the Marine Department in any matters which can affect my placement on board a vessel.

Tandatangan pemohon:..... Debashis Datta No Kad Pelaut:..... 05000 3207
Applicants signature *Seaman Card No:*

Nama(dlm huruf besar) : DEBASHIS DATTA No. Kad Pengenalan: A0800 1160
Name (in capital letters) *NRIC/Passport Number*

Disaksikan oleh: (Dr) : MR MD. RAIHAN.
Witnessed by

Official Stamp of Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
Radical Hospitals Limited.

Radical Hospitals Ltd.
Approved by Department of Shipping
As Per-Mi.. 2006