



FEDERAL REPUBLIC OF NIGERIA

200589

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL CERTIFICATE

(NIMASA)



ORIGINAL

This Certificate is issued by the Government of the Federal Republic of Nigeria in compliance with the requirement of Regulation 1.2 standard A 1.2 of the Maritime Labour Convention, 2006 and the International Convention on Standards for Training, Certification and Watch keeping for seafarers (STCW) 78 as amended.

Surname: <u>TEX</u>	Given Names: <u>UBONG OWEN</u>
Discharge Book No: SSID NO: Date of Birth: <u>05/02/1996</u>	Passport No: Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Nationality: <u>NIGERIAN</u>	

Department: (Tick relevant box)	Rank: <u>ABGE SEAMAN</u>
Deck <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Catering <input type="checkbox"/>	
Other (specify) _____	

I have examined the seafarer named above and have found him/her fit for seafaring as below

Medical Fitness Category (tick relevant box)

1. Fit-No Restriction ☒

2. Fit-subject to restrictions ☐

Restrictions

Duties:

Location/Vessel:

Medical/Others:

Please note that the Seafarer named above is not 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.

Sign: [Signature] Date: 11/06/22

I have confirmed the following (tick relevant box)

Hearing <input checked="" type="checkbox"/> Sight <input checked="" type="checkbox"/>	Colour Vision Defective Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fit for look-out duties Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last Colour Vision Test <u>11/02/2022</u>		

Visual Aids (tick if worn)	Contact Lenses
Spectacles <input type="checkbox"/>	<input type="checkbox"/>

Date of Examination <u>11/02/2022</u>	Expiry Date of Certificate <u>10/02/2024</u>
---------------------------------------	--

Declaration by Seafarer

I have read and understood the notes overleaf and declare that all answers provided are to the best of my knowledge true. I agree that by withholding any information vital to this pre-employment examination will lead to cancellation and withdrawal of this certificate.

Signature of Seafarer: [Signature]

Name, Signature and Official stamp/seal of Approved Doctor:

DR. NEEDU B. I [Signature]

Morning Star
Hospitals Int'l Ltd



FEDERAL REPUBLIC OF NIGERIA
NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
SEAFARER'S MEDICAL CERTIFICATION APPLICATION FORM
UNDER REGULATION 1.2, STANDARD A1.2, OF MLC 2006

A. APPLICANT'S BIODATA

SURNAME: TEX UBONG OTHER NAMES: OWEN
DATE OF BIRTH: 05-02-1996 AGE: 26 SEX: M NATIONALITY: NIGERIAN
DATE OF APPLICATION: _____ PLACE OF BIRTH: RIVERS STATE
Discharge Book NO.: N 070405 Company: _____ Vessel: _____
Address: _____

DEPT. OF SHIP: DECK: ☒ ENGINE: ☐ CATERING: ☐ MASTER/MATE: ☐ OTHERS SPECIFY: _____

B. APPLICANT'S MEDICAL HISTORY (under guidance from a medical personnel)

Have you ever had

- | | YES | NO | | YES | NO |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| (1.) Admission to hospital whatever reason at all in the past | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (16.) Sexually Transmitted Diseases (Gonorrhea, Syphilis, AIDS etc) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2.) Any surgical operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (17.) Any persistent Muscular weakness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3.) Any accident | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (18.) Loss of consciousness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4.) Any mental illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (19.) Pain in spine, Back or any Joint | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5.) Any convulsions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (20.) Balance problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6.) Any Ear or Hearing problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (21.) Anal pain or swelling | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7.) Any persistent Cough | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (22.) Restricted mobility | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (8.) Difficulty with breathing or breathlessness on mild exertion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (23.) Excessive thirst | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (9.) Palpitations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (24.) A sign-off as sick or a repatriation from a ship? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (10.) High blood pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (25.) Excessive weight loss | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (11.) Chest pain at rest or on exertion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (26.) An unfit declaration for sea duty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (12.) Stomach pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (27.) Sugar in the Urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (13.) Any vomiting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (28.) Your medical certificate restricted or revoked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (14.) Blood in vomits or stool | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (29.) To wear contact Lens or Glasses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (15.) Any problem passing urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (30.) To be placed on any medication | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2. IMMUNIZATION HISTORY (Have you been immunized before)

YES	NO	IF YES DATE	YES	NO	IF YES DATE	YES	NO	IF YES DATE	YES	NO	IF YES DATE
(A.) Tetanus	<input checked="" type="checkbox"/>		(B.) Typhoid Fever	<input checked="" type="checkbox"/>		(C.) Cholera	<input checked="" type="checkbox"/>		(D.) Meningitis	<input type="checkbox"/>	
(E.) Yellow Fever	<input type="checkbox"/>		(F.) Hepatitis	<input type="checkbox"/>		(G.) Tuberculosis	<input type="checkbox"/>				

3. SOCIAL/ FAMILY HISTORY

- (A.) Do you smoke, Take Alcohol or use drugs? YES ☒ NO ☐
- (B.) Has any member of your family or relative had mental illness, Epilepsy, Blood disorder, Heart trouble, Hypertension or any other disorder (e.g Allergy etc.) YES ☒ NO ☐
- (C.) Do you have a medical or other condition not mentioned above? YES ☐ NO ☒

I, TEX UBONG OWEN declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to enclose my medical information on the Medical fitness Certificate for official purposes (To be signed only in the presence of examining doctor)

11-02-2022 TEX UBONG OWEN
Date Name of Applicant



NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL EXAMINATION

PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS

UNDER REGULATION 1.2, STANDARD A1.2, OF MLC 2006

Name: Box UBONG OMON
(Surname first)

Discharge Book No: N070405

APPEARANCE

Healthy And Normal

GENERAL EXAMINATION

Weight: 65kg Height: 1.74m Gait ☒ Normal ☐ Abnormal

Temperature: 36.7°C Blood Pressure: 100/70mmHg Pulse Rate: 100bpm Pailor: NIL

Lymph Nodes ☐ Palpable ☒ Impalpable ☐ If palpable, state region/location _____

SYSTEMIC EXAMINATION

	Normal	Abnormal
(1.) Central Nervous System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Cardiovascular System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3.) Respiratory System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4.) Gastrointestinal System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5.) Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6.) Endocrine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7.) Locomotor System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8.) Oro-dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9.) Skin (Including Varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10.) Ear, Nose & Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(3.) Eyesight

	RT	LT
Visual Acuity		
Without glasses	<u>6/6</u>	<u>6/6</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour Vision	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal

(1.) Blood Group & Genotype

(Enter Results) A+ & AA

(2.) Full blood count

Normal

(3.) VDRL

Negative ☒ Positive ☐

(4.) HIV

Negative ☒ Positive ☐

(5.) Hepatitis B Antigen

Negative ☒ Positive ☐

(6.) Widal (for Catering Dept)

NONE

(7.) Urinalysis

Normal ☒ Abnormal ☐

(8.) Chest X-Ray with Report

Normal ☒ Abnormal ☐

(9.) Electrocardiogram

Normal ☒ Abnormal ☐

OTHER EXAMINATIONS

	Normal	Abnormal
(1.) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Hearing		
- Audiometry	<input checked="" type="checkbox"/> RT <input checked="" type="checkbox"/> LT	<input type="checkbox"/> RT <input type="checkbox"/> LT

Morning Star
Hospital Int'l Ltd

DR. NEEDU B.C.
Physician's Name

Physician's Signature & Stamp

MORNING STAR HOSPITALS, OME
0806 788 1521



Certificate No:

001784

IZISCO OBOS INSTITUTE OF MARITIME STUDIES AND TECHNOLOGY

No. 2/6 Igbesivwe Street, Off Okere-Ugborikoko Road,
Warri, Delta State, Nigeria

www.iziscoobosinstitute.com.ng, E-mail:iziscoobos@gmail.com
Contact No. 08137461039, 08037881181

STCW Basic Safety Training

This is to certify that:

TEX OWEN UBONG

Date of Birth: **5TH FEBRUARY, 1996**

Has successfully completed a programme of training approved by the
Nigerian Maritime Administration and Safety Agency (NIMASA)
meeting the requirements laid down in:

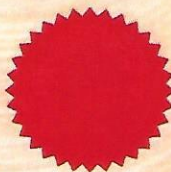
Personal Survival Techniques	Section A-VII/1 1-1
Fire Prevention & Fire Fighting	Section A-VII/1 1-2
Elementary First Aid	Section A-VII/1 1-3
Personal Safety & Social Responsibilities	Section A-VII/1 1-4

and has also met the additional Criteria specified in the STCW Convention
MANILA 2010 as applicable to the issue of the Certificate.

This Certificate is issued under the Authority of the Nigerian Maritime
Administration and Safety Agency (NIMASA)

SIGNATURE OF HOLDER

REGISTRAR



18-06-2021

SEAL/ DATE



IQIMST/ISPS-RAT/2021/001220

Certificate No:

IZISCO OBOS INSTITUTE OF MARITIME STUDIES AND TECHNOLOGY

No. 2/6 Igbesivwe Street, Off Okere-Ugborikoko Road,
Warri, Delta State, Nigeria
www.iziscoobosinstitute.com.ng

CERTIFICATE OF PROFICIENCY IN SECURITY AWARENESS AND DESIGNATED SECURITY DUTIES

This is to certify that:

TEX OWEN UBONG

5TH FEBRUARY, 1996

Date of Birth: _____

Has successfully completed an approved training in

SECURITY AWARENESS

Regulation VI/6 Section A-VI/6-1, Paragraph 4

Of the International Convention of Standards of Training, Certificate and Watch keeping for Seafarers (STCW) 2010 Manila Convention

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)

SIGNATURE OF REGISTRAR

1-06-2021

DATE: _____



SIGNATURE OF HOLDER



IOIMST/EDH/2021/00354

Certificate No:

IZISCO OBOS INSTITUTE OF MARITIME STUDIES AND TECHNOLOGY

No. 2/6 Igbesivwe Street, Off Okere-Ugborikoko Road,
Warri, Delta State, Nigeria
www.iziscoobosinstitute.com.ng

CERTIFICATE OF TRAINING

EFFICIENT DECKHAND (EDH)


This is to certify that:

TEX OWEN UBONG

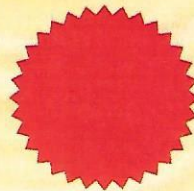
Date of Birth: **5TH FEBRUARY, 1996**

Has successfully completed an approved training in accordance to the syllabus as approved by Nigerian Maritime Administration and Safety Agency (NIMASA), to meet the requirement for pre-sea training of the STCW 2010 Convention as amended

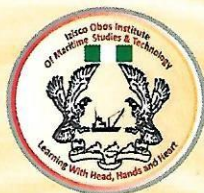
This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)


SIGNATURE OF REGISTRAR
23-04-2021

DATE:



SIGNATURE OF HOLDER



IOIMST/OTF/2021/000269

Certificate No:

IZISCO OBOS INSTITUTE OF MARITIME STUDIES AND TECHNOLOGY

No. 2/6 Igbesivwe Street, Off Okere-Ughorikoko Road,
Warri, Delta State, Nigeria

www.iziscoobosinstitute.com.ng

CERTIFICATE OF TRAINING BASIC TRAINING FOR OIL AND CHEMICAL TANKER CARGO OPERATIONS

This is to certify that:

TEX OWEN UBONG

Date of Birth: **5TH FEBRUARY, 1996**

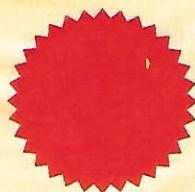
Has successfully completed an approved training in Nigerian Maritime Administration and Safety Agency (NIMASA), meeting the requirement laid down in accordance with Regulation VI-1 Paragraph 2, section A-V/1-1 and Table A-V/1-1-1 of the STCW 2010 Convention as amended

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)

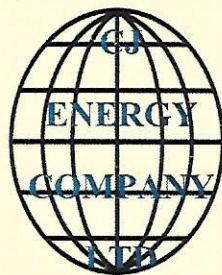
SIGNATURE OF REGISTRAR

7-05-2021

DATE:



SIGNATURE OF HOLDER



CHANJOHN ENERGY COMPANY LTD

Oil & Gas

SEA SERVICE TESTIMONIAL

With utmost satisfaction in his performance

I write to testify that the bearer

MR OWEN TEX

Served on board (MT MKPODU) between 26th September, 2022 through 11th November, 2022 as Able bodied seaman (A/B)

As scheduled by the company in accordance with ship regulations and master onboard the vessel (MT MKPODU).

Amount to a total of one month twenty three days totaling to (54 days)

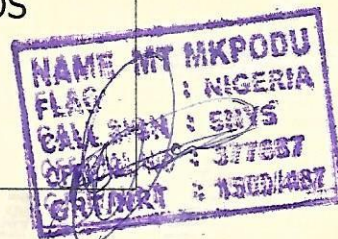
Designation onboard Able bodied seaman (A/B).

CHANJOHN ENERGY COMPANY LIMITED

C227 IKOTA SHOPPING COMPLEX, LEKKI, LAGOS

EMAIL: CHANJN112@YAHOO.COM

PHONE: 08039620842



TO WHOM IT MAY CONCERN

Reference to the above subject:

This is to certify that **MR. TEX OWEN UBONG** has worked as an **A/B** on the vessels of the above company as stated below and he still a staff of the company.

SEA SERVICE RECORD

S/N	NAME OF VESSEL	GRT	BHP	RANK	FROM	TO	MONTHS	DAYS
1.	SMYPHONY 5	475	1800	DECK	08/02/21	10/07/21	5	2
2.	SMYPHONY 5	475	1800	DECK	14/08/21	15/01/22	5	1
3.	SMYPHONY 5	475	1800	A/B	20/02/22	22/03/22	1	2
4.	SMYPHONY 5	475	1800	A/B	27/03/22	28/04/22	1	1
5.	SMYPHONY 5	475	1800	A/B	30/04/22	30/05/22	1	-
6.	SMYPHONY 5	475	1800	A/B	15/06/22	17/07/22	1	1
7.	SMYPHONY 5	475	1800	A/B	20/07/22	22/08/22	1	2
8.	SMYPHONY 5	475	1800	A/B	24/08/22	25/09/22	1	1
	TOTAL						16	10

During this period of service, he worked satisfactorily.

Therefore, I humbly recommend him for further employment.

FOR: VETTAL MEGA SERVICES LIMITED

VETTAL MEGA SERVICES LTD.
ANDY OTU
DPA/HSE Manager

WARRI BRANCH OFFICE

4, Agore Close, Off Niemoghe Avenue
 Beside PHD Hotel, DDPA Estate,
 Ugborikoko Effurun Effurun, Delta State.
 ☎ +234-705-195-7019

PORT HARCOURT BRANCH OFFICE

Plot 224 Iyowuna Drive, Off Odili Road
 Trans Amadi Port-Harcourt, Rivers State
 ☎ +234-705-195-7028

BOOK NO: N070405



SURNAME

TEX

OTHER NAMES

OWEN UBONG

DATE OF BIRTH

05-02-96

DATE OF ISSUE

16-02-2022

PLACE OF BIRTH

AWA IMAN

PLACE OF ISSUE

WARRI

NATIONALITY

NIGERIAN

EXPIRY DATE

15-02-2027

SEX

MALE

SID NO.

DISTINGUISHING MARKS



COMPUTERIZED



SEAFARER'S IDENTITY DOCUMENT

THE FEDERAL REPUBLIC OF NIGERIA
THE SEAFARER'S IDENTITY DOCUMENT AND
RECORD BOOK IS GRANTED TO

SURNAME: TEX

OTHER NAMES: OWEN UBONG

BOOK NO. NO70405

UNDER REGULATION 1.2 TITLE 2 OF THE
MARITIME LABOUR CONVENTION 2006

NAME AND SIGNATURE OF DUTY AUTHORISED OFFICIAL
UDD, CYPRAN - [Signature]

VOID UNLESS VALIDATED BY SIGNATURE OF HOLDER



CERTIFICATE ISSUED UNDER THE PROVISIONS OF THE INTERNATIONAL
CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND
WATCHKEEPING FOR SEAFARERS 1978, AS AMENDED

THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA CERTIFIES THAT

TEX OWEN UBONG

has received appropriate approved "basic safety training" in accordance with the provisions
of section A-VI/1-2 of the above convention, as amended

BOOK NO. NO70405

UDD, CYPRAN

SIGNATURE OF SEAFARER

NAME OF DUTY AUTHORIZED OFFICIAL

[Signature]

SIGNATURE OF DUTY AUTHORIZED OFFICIAL



RECORD OF SEAFARERS SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
SMYTHONY 5 GRT 475 BHP 1200	8-2-21 WATER	10-7-21 WATER
SMYTHONY 5 GRT 475 BHP 1200	14-8-21 WATER	15-01-21 WATER
SMYTHONY 5 GRT 475 BHP 1200	20/02/22 WATER	22/03/22 WATER
SMYTHONY 5 GRT 475 BHP 1200	21/03/22 WATER	23/04/22 WATER

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert CGN for International Voyage, NCV for Near Coastal Voyage

RECORD OF SEAFARERS SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master	2. Signature and Official Stamp of Shipping Master
Deck NCV			
Deck NCV			
Deck NCV			








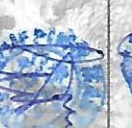
* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert CGN for International Voyage, NCV for Near Coastal Voyage

COAST GUARD

INVOICE

RECORD OF SEAFARERS SEAGOING SERVICE

RECORD OF SEAFARERS SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge	Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master	
					2. Signature and Official Stamp of Shipping Master	2. Shipping Master
SMYPHONY 5 GRT: 475 BHP: 1800	30-4-22 MARRA	30-5-22 MARRA	AB	NCM		
SMYPHONY 5 GRT: 475 BHP: 1800	15/06/22 MARRA	17/06/22 MARRA	AB	NCM		
SMYPHONY 5 GRT: 475 BHP: 1800	20/07/22 MARRA	22/08/22 MARRA	AB	NCM		
SMYPHONY 5 GRT: 475 BHP: 1800	24/8/22 MARRA	25/09/22 MARRA	AB	NCM		

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage



RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
MT Mkpoddudu 1570 NIGERIA IMO 30775837 GRT: 1500	26/9/2022 Lagos	24/10/22 Calabar
MT Mkpoddudu 1570 NIGERIA IMO 30775837 GRT: 1500	28/10/2022 Lagos	11/11/2022 Port Harcourt

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage



RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master
AB	N/C	
AB	N/C	

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage



COVID-19 VACCINE IS SAFE AND EFFECTIVE

NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY



Client Copy

FEDERAL MINISTRY OF HEALTH
NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY
COVID-19 Vaccination Card



Part 1:

Basic Information

Card No. NG-2144684114RH

Name: OUDENTEX UBONG Age: 27 Sex: M

State: RIVERS LGA: ELAME

Ward: 03 Settlement: OUBERECHITA

Health Facility: PHC OGALC

Name of Vaccinator: BLESSING (HAWI)

Phone No. of LGA DSN: 08038692813



Part 2:

VACCINE DOSE ADMINISTERED & AEFI

COVID-19 Dose	Product Name/Manufacturer Batch Number	Expiry Date	Date Given	Next Appointment	Any AEFI	Date of Onset of AEFI
Dose 1 0.5ml 8005758	<input type="checkbox"/> AstraZeneca/Oxford <input checked="" type="checkbox"/> Johnson & Johnson <input type="checkbox"/> Pfizer	01/24	03/01/23	23/01/23		
Dose 2 Booster 0.5ml 8005758	<input type="checkbox"/> AstraZeneca/Oxford <input checked="" type="checkbox"/> Johnson & Johnson <input type="checkbox"/> Pfizer	01/24	03/03/23	Completed		

1st Dose

Name of Health Officer

MERCY NDIRAN GOMBE

Name of Health Officer

MERCY NDIRAN GOMBE

Signature

Signature

Protection contre le paludisme

Le paludisme, est une maladie grave, parfois mortelle, qui se vit encore à l'état endémique dans un très grand nombre des pays tropicaux et subtropicaux. Vous devez vous protéger contre les piqures des moustiques (usage de moustiquaires imprégnées, répulsifs). En outre, les médicaments antipaludiques peuvent être utiles, soient pris régulièrement à titre préventif, soient tenus en réserve. Pour le traitement d'urgence d'une fièvre causée par les parasites, les médicaments sont variables et changeants, veuillez consulter votre médecin ou l'institution spécialisée la plus proche, ou encore la dernière édition de la brochure de l'OMS ainsi qu'avoir les certificats de vaccination exigés et conseils d'hygiène pour les voyages internationaux.

Si vous prenez des médicaments antipaludiques à titre préventif, il est nécessaire de les prendre de façon absolument régulière, de préférence pendant ou immédiatement après un repas plutôt par intermittence, et de continuer pendant les six semaines suivantes.

Aucune méthode ne peut garantir une protection complète. Si une fièvre se déclare entre une semaine après la première exposition et jusqu'à deux ans après votre guérison, ne manquez pas de consulter votre médecin et de l'informer de votre séjour dans une région impaludée.

INTERNATIONAL HEALTH REGULATIONS (2005) REGLEMENT SANITAIRE INTERNATIONAL (2005)

FEDERAL REPUBLIC OF NIGERIA



INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Issued to / Délivré à

LEX
OLEX UBONG

Passport No. or Travel Document No.

Numero du passeport ou de la pièce justificative

BO1442678




(Scan QR Code
to verify)

3945464

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that (name) LEX O.V.
 Nationality NIGERIAN
 whose signature follows LEX O.V.
 against: (name of disease or condition) YELLOW FEVER


Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
YELLOW FEVER VACCINE	07 MAR 2023	 THE HEALTH OFFICER

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

4

Date of birth 05:02:1996, Sex MALE
 National Identification document, if applicable.....
 Has on the date indicated been vaccinated or received prophylaxis in accordance with the International Health Regulations.

Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from, to	Official stamp of administering centre
STAMPEL LOT 13D91 0.5MD	from 17.3.23 until 11.8.27	

Any amendment of this certificate, or erasure or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

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Caution: Any person who (1) Falsifies any of the particulars on this certificate or (2) uses a falsified certificate as true knowing it to be false is liable to prosecution

ORIGINAL

FEDERAL REPUBLIC OF NIGERIA

NATIONAL POPULATION COMMISSION

Certificate of Birth A12_ 2336242

Issued under the Births and Deaths Etc. (Compulsory Registration) Decree No. 69 of 1992

Registration Centre KPOR HEALTH CENTRE
 Town/Village KPOR
 L.G.A. GOKANA Volume I Year 14 Entry No. 187
 State RIVERS

This is to certify that the birth, details of which are recorded herein has been registered on

10 09 14
 Day Month Year at this Registration Centre KPOR H/C

1. Full Name: TEX OWEN UBONG
 (Surname first) (In block letters)

2. Sex: MALE 3. Date of Birth: 05 02 96
 Day Month Year

4. Place of Birth: PORTHARCOURT Town/Village TOWN

5. Full name of Father: TEX UBONG HENRY
 (Surname first) (In block letters)

6. Full name of Mother: MFON ESTHER
 (Surname first) (In block letters)

Place of issue: KPOR H/CDate: 10-09-14

NATIONAL REGISTRATION PROGRAMME

PASSPORT

Passport / Passeport



Holder's Signature / Signature du Titulaire

P<NGATEX<<OWEN<UBONG<<<<<<<<<<<<<<<<<<<<<<<<<
B014426781NGA9602050M271211489344240685<<<38

OWEN TEX UBONG

SEAMAN

Email: texowenshuga113@gmail.com; Tel:+234 902 448 7099

OBJECTIVE

Ambitious, dedicated, and always strive for success are a few of my many qualities. Experience in leadership skills critical thinking, creative planning, and being able to adapt quickly to any environment as my previous jobs listed will proved, making a great asset to the team.

Education & Training

2021: **IZISCO OBOS INSTITUTE OF MARITIME STUDIES AND TECHNOLOGY**

- Basic Training for Oil and chemical Tanker Cargo
- ISPS
- EDH
- STCW 1/4

2012: **Community Secondary School, Alode, Rivers State**

- General Certificate of Education (**GCE**)

Work History

VETTAL MEGA SERVICES LTD. FEB.2021

16B Keneth Apako Street Off Road 12, Onikepo Akande St, Admiralty Way Lekki Phase 1. Lagos Nigeria.

Designation: Able Seaman

Responsibilities Included:

Maintains ship's log while in port, and stands gangway watch to prevent unauthorized persons from boarding ship. Damage control, and safety equipment on a ship, performing general maintenance, repair, and sanitation duties, and standing watch to ensure the ship maintains a steady course.

CHANJOHN ENERGY LIMITED |SEPT 2022.

C227 Ikota Shopping Complex Lekki Lagos, Nigeria.

Designation: Able Seaman

Responsibilities included:

Stand watch at bow or on wing of bridge to look for obstructions in path of vessel. Measure water depth. Turn wheel on bridge or use emergency



Technical Skills and attributes

Proficiency in security awareness and designated security duties.

Proficient in the use of project management tools and techniques.

Personal survival technics and Chemical Tanker Cargo Operations

Essential skills

Excellent Inter-Personal Skills And Good Team Player.

Ability To Relate Properly With Colleagues/Clients To Achieve The Organization's Goals.

Ability To Work With Minimum Supervision.

Ability To Learn Fast

equipment as directed by mate. Break out, rig, overhaul, and store cargo-handling gear, stationary rigging, and running gear. Chip rust from and paint deck or ship's structure.

(Teachable)

Personal Info

Address

No161 price ademola str.
Oniru, victoria islandlagos.

Nationality

Nigerian

State of Origin:

Akwa-ibom
state(Onna LGA)

Date of birth:

5 Feb,1996

Other interests.

Reading and surfing thenet
Cooking

Travelling

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

(NIMASA)

CERT NO. **NRAT.MAV.11476**



CERTIFICATE OF PROFICIENCY

This is to certify that **TEX OWEN UBONG** is qualified as **Rating Forming**
Part of Navigational Watch in accordance with provisions of **Regulation II/4** of the

International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978 (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring certificate of that designation

The certificate of proficiency is subject to endorsements as to any additional requirement in accordance with the above regulations



Photograph of holder of Certificate

Date of birth of Certificate holder: **05-Feb-96**

Date of issue: **30/08/2023**

Signature of holder of Certificate: 

Signature of Authorized official: 

OLANIYAN O. TAIWO