

THE FEDERAL REPUBLIC OF NIGERIA



HOLDER'S SIGNATURE

SURNAME
OMOGHENE

BOOKLET NO.
N074933

OTHER NAMES
JOSHUA EFE

DATE OF BIRTH
01 MAR, 2004

DATE OF ISSUE
13 FEB, 2024

PLACE OF BIRTH
LAGOS

PLACE OF ISSUE
LAGOS

NATIONALITY
NIGERIAN

EXPIRY DATE
13 FEB, 2034

SEX
M

NIN NO.
70902329993



N 074933

IMPORTANT

This document contains 64 pages and is issued by the Nigerian Maritime Administration and Safety Agency

This document is not an international passport.



THE FEDERAL REPUBLIC OF NIGERIA



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

JOSHUA EFE OMOCHENE

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. **N074933**

SIGNATURE OF SEAFARER

NAME OF DULY AUTHORIZED OFFICIAL



NG-DR 2410121LS



Client Copy



FEDERAL MINISTRY OF HEALTH
NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY

COVID-19 Vaccination Card

Part 1:

Basic Information

Card No.:.....

Name: OMOGHENR JOSHUA RFE 20Y Age: 20Y Sex: M

State: DELTA LGA: RIKHO PREAST

Ward: ISWOKOHO Settlement: LGA

Health Facility: ISWOKOHO PHC

Name of Vaccinator: Iwofe S. D.

Phone No. of LGA DSNO: 07039409438



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	<div> <div>AstraZeneca/Oxford</div> <div>Johnson & Johnson</div> <div>Pfizer</div> <div></div> </div> <div> <div><input type="checkbox"/></div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	2/30/24	11/5/23	12/06/23	KUL	KUL
Dose 2	<div> <div>AstraZeneca/Oxford</div> <div>Pfizer</div> <div>J&J</div> <div></div> </div> <div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	2/30/23	18/7/24		KUL	KUL

1st Dose
 Name of Health Officer: 1 Siobhán PHE
 Signature: M.C.

2nd Dose
 Name of Health Officer: 1 Siobhán PHE
 Signature: A.C.

INTERNATIONAL HEALTH REGULATIONS (2005)
REGLLEMENT SANITAIRE INTERNATIONAL (2005)

FEDERAL REPUBLIC OF NIGERIA



INTERNATIONAL CERTIFICATE
OF VACCINATION OR PROPHYLAXIS
CERTIFICAT INTERNATIONAL
DE VACCINATION OU DE PROPHYLAXIE

Issued to / Delivre a **OMOGHENE**
JOSHUA
EFE

Passport No. or Travel Document No.
Numero du passeport ou de la piece justificative

B**S****0****7****1****8****9****7****9**




(Scan QR Code
to verify)



C1209472

INTERNATIONAL CERTIFICATE OF

This is to certify that (name) OMOGHENE J. E
 Nationality NIG
 whose signature follows.....
 against: (name of disease or condition) YIF


Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
Yellow Fever	01 FEB 2024	

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.

VACCINATION OR PROPHYLAXIS


Date of birth 01 MAR 04 Sex M
 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..... until.....	Official stamp of administering centre
Human Rabies Vaccine LOT 4490-5m per 1 pc	11 FEB 2024	

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.

OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp Carbet
01 FEB 2024	Oral polio 2 1802P087	2 Drops		PORT HEALTH OFFICER FMOL, NIGERIA COST 2501	

Maritime Academy of Nigeria

P.M.B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in Basic Training

No. **0115202**

This is to certify that

Omoghene Aoshua Efe
1st March, 2004

Born on



has successfully completed an approved training in:

Personal Survival Techniques

Fire Prevention and Fire Fighting

Elementary First Aid

Personal Safety and Social Responsibilities

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.1.

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.2

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.3

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.4

*of the International Convention on Standards of Training, Certification
and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010.*

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



ORIGINAL

[Signature]

Instructor

[Signature]
Rector



[Signature]

Holder

8th July, 2022
Date

Maritime Academy of Nigeria

P. M. B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in SECURITY AWARENESS FOR SEAFARERS

No: **081971**

This is to certify that

Omoghene Joshua Efe
1st March, 2004

Born on



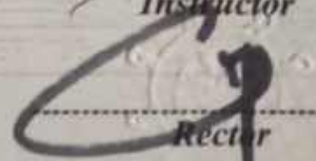
has successfully completed an approved training in:
Security Awareness for Seafarers

Regulation VI/6 and Section A-VI/6, Paragraph 4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010.

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



Original


Instructor

Rector



Holder

30th June, 2022
Date

Maritime Academy of Nigeria

P. M. B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in OIL & CHEMICAL TANKER CARGO OPERATIONS (BASIC)

No. **1412131**

This is to certify that

Omoghene Joshua Efe
1st March, 2004

Born on



has successfully completed an approved training in:

Oil and Chemical Tanker Cargo Operations (Basic)

Regulation V/I-1 and Section A-V/I-1 of the International Convention
on Standards of Training, Certification and Watchkeeping for
Seafarers, 1978 (STCW Convention) as amended in 2010.

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

Alphon
Instructor



Holder

2nd Dec., 2022
Date

**This Certificate is not valid without the Academy's Official Seal*



MARITIME ACADEMY OF NIGERIA

4 COLLEGE ROAD, P.M.B 1089, ORON, AKWA IBOM STATE

e-mail: info@maritimeacademy.gov.ng website: www.maritimeacademy.gov.ng

MAN/21/ND/NS/014

Our Ref:

13th December, 2023

Your Ref:

Date:

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION/RECOMMENDATION FOR SEA TIME:

OMOGHENE, JOSHUA EFE

I have the pleasure of introducing/recommending the above named person who graduated from the Maritime Academy of Nigeria.

He/she has completed his/her **Pre-Sea/National Diploma Programme** in **NAUTICAL SCIENCE** in **DECEMBER 2023**, being the first phase of his/her cadetship training.

He/she is due to proceed for **12 – 24 months Industrial Training** onboard vessel which is a pre-requisite for taking the Officer of the Watch (OOW) Certificate of Competency Examination/Higher National Diploma Programme.

During the period of his/her Cadetship in the Academy, he/she was found to be of good conduct.

The Academy hereby recommend him/her for placement onboard one of your vessels.

Please accept the assurances of our esteemed regards.

Mr. Thlawur Danya, FIPMD

Coordinator (Academic Affairs)

For: Rector

Note: It is important to note that this letter is valid for only Two years from the date of issuance.

E2K 000244

218839

FEDERAL REPUBLIC OF NIGERIA

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 A1.2 of the Maritime Labour Convention, 2006 (MLC '06), as amended and the International Convention on Standards for Training, Certification and Watch keeping for seafarers (STCW 78 as amended).

Surname: OMOGHENE	Given Names: JOSHUA EFE
Discharge Book No: SSID NO: D D M M Y Y Y Y	Passport No:
Date of Birth: 01/03/2004	Nationality: NIGERIAN
	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>

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

Declaration of the recognised doctor

ID checked at the point of examination	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hearing standards as in STCW A I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Unaided Hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Color vision standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there any limitation or restriction on fitness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last colour vision test (dd/mm/yy): 13/12/23	Please specify restriction.		

Visual Aids (tick if worn)

Spectacles ☐ Contact lenses ☐

Restrictions

Duties:

Location/Vessel:

Medical/Others: **NIL**

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 health of other persons onboard?

Yes ☒ No ☐

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 ☐

Fit for look-out duty	Deck	Engine	Steward/Others
Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>

Date of Examination	Expiry Date of Certificate
D D M M Y Y Y Y 13/12/2023	D D M M Y Y Y Y 12/12/2025

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 medical examination will lead to cancellation and withdrawal of this certificate.

Signature of Seafarer:

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

Dr Onyejiwa H Snelor





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: OMOGHENE JOSHUA EFE
(Surname first)

Discharge Book No: _____

APPEARANCE

Healthy looking young man, ameteric, nil pedal oedema

GENERAL EXAMINATION

Weight: 75Kg Height: 1.86m Gait: ☒ Normal ☐ Abnormal

Temperature: 36.6°C Blood Pressure: 110/70mmHg Pulse Rate: 66bpm Pailor: nil

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

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.) Orodental	<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

Visual Acuity	RT	LT
Without glasses	<u>6/5</u>	<u>6/5</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour Vision	Normal	Abnormal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(Enter Results)
(1.) Blood Group & Genotype O+ &

(2.) Full blood count PCV - 41%

(3.) VDRL ☒ Negative ☐ Positive

(4.) HIV ☒ Negative ☐ Positive

(5.) Hepatitis B Antigen ☒ Negative ☐ Positive

(6.) Widal (for Catering Dept) Amber & clear PH - 6.5 SG - 1.010

(7.) Urinalysis GLU - neg, PR - neg, others - nil

(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	<input checked="" type="checkbox"/> RT <input checked="" type="checkbox"/> LT	<input type="checkbox"/> RT <input type="checkbox"/> LT
- Audiometry	<input type="checkbox"/>	<input type="checkbox"/>

Dr. Onyiahwa H. Emeka
Physician's Name

Signature
Physician's Signature & Stamp

Maritime Academy of Mig. Oron
Physician's Address/Telephone No.

08033619718



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: OMOGHENE OTHER NAMES: JOSHUA EFE
 DATE OF BIRTH: 01/03/2004 AGE: 19 SEX: M NATIONALITY: NIGERIAN
 DATE OF APPLICATION: 13/12/2023 PLACE OF BIRTH: LAGOS, NIGERIA
 Discharge Book NO.: _____ Company: _____ Vessel: _____
 Address: 8 Bodua Lane, off Solanke Street, Ibeju-Lekki, Lagos
 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
(11.) Chest pain at rest or on exertion	<input checked="" type="checkbox"/>	<input 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 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)

(A.) Tetanus ☒ YES ☐ NO IF YES DATE 2019 (B.) Typhoid Fever ☒ YES ☐ NO IF YES DATE _____ (C.) Cholera ☒ YES ☐ NO IF YES DATE _____ (D.) Meningitis ☒ YES ☐ NO IF YES DATE _____
 (E.) Yellow Fever ☒ YES ☐ NO IF YES DATE _____ (F.) Hepatitis ☒ YES ☐ NO IF YES DATE _____ (G.) Tuberculosis ☒ YES ☐ NO IF YES DATE _____

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
 (D.) Others None

I, 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)

13-12-2023 OMOGHENE JOSHUA EFE
 Date Name of Applicant
 MEDICAL CENTRE
 M. A. N. ORON
13/12/2023 Signature of Applicant

Maritime Academy of Nigeria

Established in 1977 and upgraded by CAP 217
Laws of the FEDERATION OF NIGERIA, 1990
(Former Decree No. 16 of 1988).

MAN/ND No. **23014478**



This is to certify that

Omoghene, Joshua Efe

having been in attendance and completed a course of study approved by the Academy
and satisfactorily fulfilled the prescribed requirements, has by the authority of the
ACADEMIC BOARD of the Maritime Academy of Nigeria been awarded



NATIONAL DIPLOMA (ND)

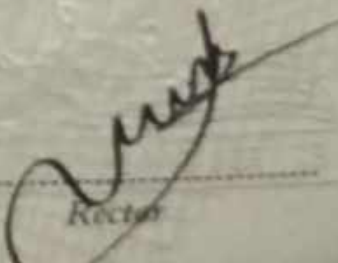
Nautical Science
Lower Credit

in _____
at _____ level

witness our hands this **5th** day of **Dec.** in the year **2023**


Registrar




Rector

