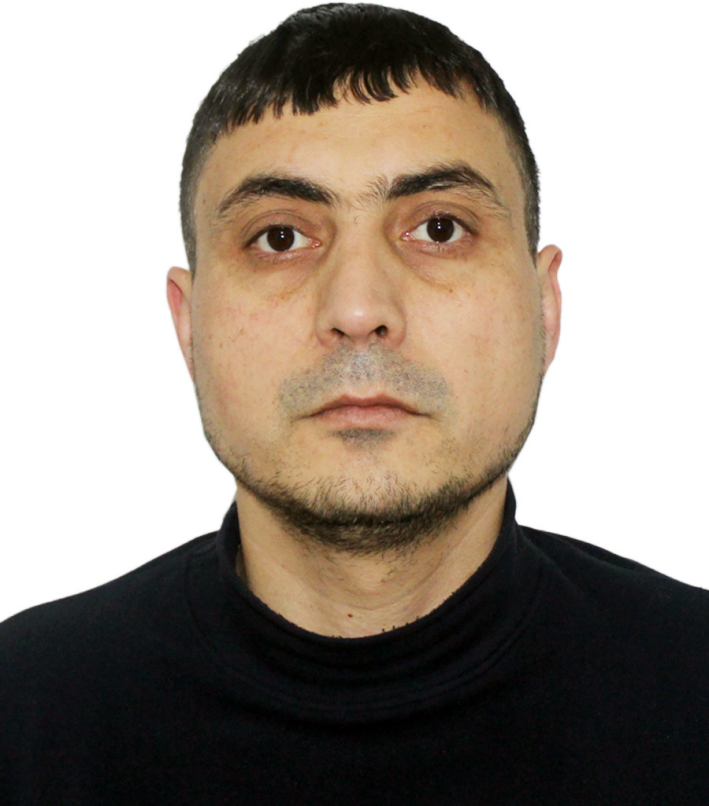

TI. R. 51

REPÚBLICA DE HONDURAS

DIRECCIÓN GENERAL DE LA MARINA MERCANTE

HONDURAS

051656

MARINA MERCANTE DIRECCIÓN GENERAL DE LA MARINA MERCANTE DIRECCIÓN GENERAL DE LA MARINA MERCANTE DIRECCIÓN GENERAL DE LA MARINA MERCANTE

LIBRETA DE IDENTIFICACION DE MARINO
SEAMAN IDENTIFICATION BOOK

Apellidos/Surname
KHASIYEV

Nombres/Given Names
MIRZABALA

Lugar y fecha de nacimiento/
Date and Place of birth
AZE

1986/10/30 (YYYY/MM/DD)

Rango/Rank
SEGUNDO MAQUINISTA / SECOND ENGINEER*

Nacionalidad/Nationality
AZERBAIJANI, AZERI

Sexo/Sex
M

Fecha de Emision/
Date of issue
2024/09/24 (YYYY/MM/DD)

Fecha de Vencimiento/
Date of expiry
2029/09/24 (YYYY/MM/DD)

GENTE DE MAR GENTE DE MAR GENTE DE MAR

D<HNDKHASIYEV<<<MIRZABALA<<<<<<<<<<<<<<<<<<<<<<
087803<<<0HND8610304M2909244C027201695<<<<<7

REPUBLICA DE HONDURAS

REPUBLIC OF HONDURAS

DIRECCION GENERAL DE LA MARINA MERCANTE

GENERAL DIRECTORATE OF THE MERCHANT MARINE

TITULO EXPEDIDO EN VIRTUD DE LO DISPUESTO EN EL CONVENIO INTERNACIONAL SOBRE NORMAS DE FORMACION TITULACION Y GUARDIA PARA LA GENTE DE MAR, 1978, EN SU FORMA ENMENDADA

CERTIFICATE ISSUED IN ACCORDANCE WITH THE INTERNATIONAL CONVENTION ON STANDARS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS 1978, AS AMENDED

TI.R.29

El Gobierno de HONDURAS certifica que a MIRZABALA KHASIYEV se le considera plenamente cualificado de conformidad con lo dispuesto en la regla III/2 del mencionado Convenio, en su forma enmendada, y competente para desempeñar las siguientes funciones, al nivel especificado y sin más limitaciones que las que se indican, hasta el 24-septiembre-2029

The Government of HONDURAS certifies that MIRZABALA KHASIYEV has been found duly qualified in accordance with the provisions of regulations III/2 of the above convention, as amended, an has been found competent to perform the following functions, as the levels specified, subject to any limitations indicated until 09-24-2029

FUNCION/FUNCTION	NIVEL/LEVEL	LIMITACIONES (SI LAS HUBIERA) /LIMITATIONS APPLYING (IF ANY)
CONTROL DEL FUNCIONAMIENTO DEL BUQUE Y EL CUIDADO DE LAS PERSONAS A BORDO/CONTROLLING THE OPPERATION OF THE SHIP AND CARE FOR PERSONS ON BOARD	GESTION/MANAGEMENT	NINGUNA/NONE
MANTENIMIENTO Y REPARACIONES/MAINTENANCE AND REPAIR	GESTION/MANAGEMENT	NINGUNA/NONE
INGENIERIA ELECTRICA, ELECTRONICA Y DE CONTROL/ELECTRICAL ENGINEERING, ELECTRONICS AND CONTROL	GESTION/MANAGEMENT	NINGUNA/NONE
MAQUINARIA NAVAL/MARINE ENGINEERING	GESTION/MANAGEMENT	NINGUNA/NONE

Su legítimo titular puede ejercer el cargo o cargos siguientes, que se especifican en las prescripciones aplicables de la administración sobre la dotación de seguridad:

The lawful holder on this certificate may serve in the following capacity or capacities specified in the applicable safe manning requeriments of the administration

CARGO/CAPACITY	LIMITACIONES (SI LAS HUBIERA) LIMITATIONS APPLYING (IF ANY)
SEGUNDO MAQUINISTA / SECOND ENGINEER*	MAIN ENGINE OUT PUT POWER OF 3000 KW. OR MORE

Título No C02720169 expedido el 24-septiembre-2024

Certificate No C02720169 issued on 09-24-2024

DIRECCION GENERAL DE LA MARINA MERCANTE DEPARTAMENTO DE GENTE DE MAR HONDURAS

Firma del funcionario debidamente autorizado

Signature of duly authorized official

ING. ALEJANDRO CANALES

Nombre del funcionario debidamente autorizado

Name of duly authorized official

De conformidad con el párrafo 11 de la Regla I/2 del Convenio, el original del presente título deberá estar disponible mientras el titular presta servicio a bordo de un buque.

The original of the certificate must be kept available in accordance with regulation I/2, paragraph 11 of the convention, while serving on a ship.

FECHA DE NACIMIENTO DEL TITULAR 30-octubre-1986

Date of birth of the holder of the certificate

FIRMA DEL TITULAR EXENTO/EXEMPT

Signature of the holder of the certificate

No C02720169

REPUBLICA DE HONDURAS C.A. 10 DIEZ LEMPIRAS 10

DGMM 2024

The validity and authenticity of this certificate could be verified by, Tel: (504)2239-8228 , Fax (504)2239-8334

Email: gentedemar@marinamercante.gob.hn

Revisión 0.2

25/10/2013

esly

REPUBLICA DE HONDURAS

REPUBLIC OF HONDURAS

DIRECCION GENERAL DE LA MARINA MERCANTE

GENERAL DIRECTORATE OF THE MERCHANT MARINE

TITULO EXPEDIDO EN VIRTUD DE LO DISPUESTO EN EL CONVENIO INTERNACIONAL SOBRE NORMAS DE FORMACION TITULACION Y GUARDIA PARA LA GENTE DE MAR, 1978, EN SU FORMA ENMENDADA

CERTIFICATE ISSUED IN ACCORDANCE WITH THE INTERNATIONAL CONVENTION ON STANDARS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS 1978, AS AMENDED

TI.R.0

El Gobierno de HONDURAS certifica que a MIRZABALA KHASIYEV se le considera plenamente cualificado de conformidad con lo dispuesto en la regla VI/5 del mencionado Convenio, en su forma enmendada, y competente para desempeñar las siguientes funciones, al nivel especificado y sin más limitaciones que las que se indican, hasta el 24-septiembre-2029

The Government of HONDURAS certifies that MIRZABALA KHASIYEV has been found duly qualified in accordance with the provisions of regulations VI/5 of the above convention, as amended, an has been found competent to perform the following functions, as the levels specified, subject to any limitations indicated until 09-24-2029

FUNCION/FUNCTION	NIVEL/LEVEL	LIMITACIONES (SI LAS HUBIERA) /LIMITATIONS APPLYING (IF ANY)
PROTECCION/SECURITY	GESTION/MANAGEMENT	NINGUNA/NONE

Su legítimo titular puede ejercer el cargo o cargos siguientes, que se especifican en las prescripciones aplicables de la administración sobre la dotación de seguridad:

The lawful holder on this certificate may serve in the following capacity or capacities specified in the applicable safe manning requeriments of the administration

CARGO/CAPACITY	LIMITACIONES (SI LAS HUBIERA) LIMITATIONS APPLYING (IF ANY)
OFICIAL DE PROTECCION DEL BUQUE	NINGUNA/NONE
OFICIAL PROTECTOR DEL BUQUE/SHIP SECURITY OFFICER	NINGUNA/NONE

Título No *C02720169* expedido el *24-septiembre-2024*

Certificate No C02720169 issued on 09-24-2024

Firma del funcionario debidamente autorizado

Signature of duly authorized official

ING. ALEJANDRO CANALES

Nombre del funcionario debidamente autorizado

Name of duly authorized official

De conformidad con el párrafo 11 de la Regla I/2 del Convenio, el original del presente título deberá estar disponible mientras el titular presta servicio a bordo de un buque.

The original of the certificate must be kept available in accordance with regulation I/2, paragraph 11 of the convention, while serving on a ship.

FECHA DE NACIMIENTO DEL TITULAR *30-octubre-1986*

Date of birth of the holder of the certificate

FIRMA DEL TITULAR EXENTO/EXEMPT

Signature of the holder of the certificate

No *C02720169*

DGMM 2024

The validity and authenticity of this certificate could be verified by. Tel: (504)2239-8228 , Fax (504)2239-8334

Email: gentedemar@marinamercante.gob.hn

Revisión 0.2

25/10/2013

INTERNATIONAL MARINE TRAINING CENTER
ΔΙΕΘΝΕΣ ΚΕΝΤΡΟ ΝΑΥΤΙΚΗΣ ΚΑΤΑΡΤΙΣΗΣ

Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24

Certificate No: IMTC/SSO/0924192

Date and Place of Birth: 30/10/1986 – SYRIA

Passport/ID No.: **C02720169**

Has satisfactorily attended course on:

"SHIP SECURITY OFFICER"

The course fulfills minimum requirements of Regulation VI/5 Section A-VI/5, Table A-VI/5 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010 and in accordance with requirements of Chapter XI-2 of SOLAS 1974 as amended and Paragraph 2.1.6. and 12 of the Part A of the ISPS Code.
IMO Model 3.19 (18 Hours)

Start Course Date: 12th AUGUST 2024

End Course Date: 13th AUGUST 2024

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS – GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

66 Filonos street 185 35 Piraeus Greece tel: +30 2104281881-2 fax: +30 2104221326
Mail: info@imtc.gr **Web:** www.imtc.gr

INTERNATIONAL MARINE TRAINING CENTER
ΔΙΕΘΝΕΣ ΚΕΝΤΡΟ ΝΑΥΤΙΚΗΣ ΚΑΤΑΡΤΙΣΗΣ

Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No: IMTC/SCRB/0924191**

Date and Place of Birth: 30/10/1986 - AZERBAIJAN **Passport/ID No.: **C02720169****

Has satisfactorily attended course on:

"PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOATS OTHER THAN F.R.B"

The course fulfills minimum requirements of Regulation VI/2 Section A-VI/2, Table A-VI/5 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010 and in accordance with requirements of Chapter XI-2 of SOLAS 1974/95 as amended and Paragraph 2.1.6. and 12 of the Port A of the ISPS Code.

IMO Model 1.23 (32 Hours)

Start Course Date: 31st JULY 2024 **End Course Date: 02nd AUGUST 2024**

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS - GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No: IMTC/MC/0924190**

Date and Place of Birth: 30/10/1986 - AZERBAIJAN **Passport/ID No. : **C02720169****

Has satisfactorily attended course on:

"MEDICAL CARE"

The course fulfills minimum requirements of Regulation VI/4, Section VI/4, paragraph 4-6, Table VI/4-2 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010.

IMO Model 1.15 (45 Hours)

Start Course Date: 05th AUGUST 2024 **End Course Date: 09th AUGUST 2024**

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS - GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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ΔΙΕΘΝΕΣ ΚΕΝΤΡΟ ΝΑΥΤΙΚΗΣ ΚΑΤΑΡΤΙΣΗΣ

Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No: IMTC/MEA/0924189**

Date and Place of Birth: 30/10/1986 - AZERBAIJAN **Passport/ID No.: **C02720169****

Has satisfactorily attended course on:

"MARINE ENVIRONMENTAL AWARENESS"

The course fulfills minimum requirements of Regulation II/1, III/1 and III/6, Section A-II/1, A-III/1. A-III/6, Table A-II/1, A-III/1 A-III/6 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010.
IMO Model 1.38 (12 Hours)

Start Course Date: 22nd JULY 2024 **End Course Date: 23rd JULY 2024**

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS - GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No: IMTC/L&T/0924188**

Date and Place of Birth: 30/10/1986 – AZERBAIJAN **Passport/ID No.:**C02720169****

Has satisfactorily attended course on:

"LEADERSHIP AND TEAMWORK"

The course fulfills minimum requirements of Regulation II/1, III/1 and III/6, Section A-II/1, A-III/1, A-III/6, Table A-II/1, A-III/1, A-III/6 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010.
IMO Model 1.39 (20 Hours)

Start Course Date: 14th AUGUST 2024 **End Course Date: 16th AUGUST 2024**

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS – GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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INTERNATIONAL MARINE TRAINING CENTER
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Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24

Certificate No: IMTC/ERM/ETM/0924187

Date and Place of Birth: 30/10/1986 - AZERBAIJAN

Passport/ID No.: **C02720169**

Has satisfactorily attended course on:

"ERM/ETM/ENGINE ROOM SIMULATOR"

The course fulfills minimum requirements of Regulation III/2, III/1 Section A-III/2, A-III/1 and B-VIII/2 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010. Designed in accordance to the **IMO Model Course 2.07.**

Start Course Date: 18th JUNE 2024

End Course Date: 26th JUNE 2024

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS - GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No: IMTC/BST/0924186**

Date and Place of Birth: 30/10/1986 - AZERBAIJAN **Passport/ID No.: **C02720169****

Has satisfactorily attended course on:

"BASIC TRAINING, SAFETY FAMILIARIZATION AND INSTRUCTION FOR ALL SEAFARERS"

The courses fulfills minimum requirements of Regulation VI/I, Section A-VI/1-1 and Table A-VI/1-1 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010.
IMO Models 1.19 - 1.13 - 1.20 - 1.21 (5 Days)

Courses:
ELEMENTARY FIRST AID - IMO Model: 1.13
FIRE PREVENTION AND FIRE FIGHTING - IMO Model: 1.20
PERSONAL SURVIVAL TECHNIQUES - IMO Model: 1.19
PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES - IMO Model: 1.21

Start Course Date: 04th JULY 2024 **End Course Date: 08th JULY 2024**

Date and Place of issue: 11thSEPTEMBER 2024, PIRAEUS - GREECE
Date of Expiry: 11th SEPTEMBER 2029

Olga Palidou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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INTERNATIONAL MARINE TRAINING CENTER
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Certify that:

Mr.

MIRZABALA KHASIYEV

Course Timetable: S-1/24 **Certificate No:** IMTC/AFF/0924185

Date and Place of Birth: 30/10/1986 – AZERBAIJAN **Passport/ID No.:** **C02720169**

Has satisfactorily attended course on:

"ADVANCED TRAINING IN FIRE FIGHTING"

The course fulfills minimum requirements of Regulation VI/3, Section A-VI/3, Table A-VI/3 of the IMO International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978/95, as amended by STCW Code 2010.

IMO Model 2.03 (29 Hours)

Start Course Date: 24th JULY 2024 **End Course Date:** 26th JULY 2024

Date and Place of issue: 11th SEPTEMBER 2024, PIRAEUS – GREECE

Date of Expiry: 11th SEPTEMBER 2029

Olga Pantiou
Chief Academic Administrator for *IMTC*

APPROVED BY:
The General Directorate of the Merchant Marine of HONDURAS
Resolution: DGMM/022/2018

IMTC is certified in accordance to ISO 9001:2015 Quality Standard

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**ULUSLARARASI AŞI VEYA PROFİLAKSİ SERTİFİKASI*/*INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS*/CERTIFICAT* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Aşılananın Adı ve Soyadı: MIRZABALA KASIYEV
This is to certify that [name] Nous certifions que [nom]

Doğum Tarihi: 30.10.1986
date of birth né(e) le

Cinsiyeti : Male
sex de sexe

TC Kimlik Numarası:
national identification document, if applicable
document d'identification national, le cas échéant

Milliyeti : AZERBAYCAN
Nationality et de nationalité

İmzası :
whose signature follows
dont la signature suit

İş bu Sertifika, yukarıda bilgileri bulunan kişinin, Uluslararası Sağlık Tüzüğü ile uyumlu olarak Sari Humma
hastalığına karşı (hastalığın ya da durumun adı belirtilecek) **aşılandığını veya hastalıktan korunma yöntemi uygulandığını tasdik etmektedir.**

has on the date indicated been vaccinated or received prophylaxis against: *(name of disease or condition)* Yellow Fever
in accordance with the International Health Regulations.

a été vacciné(e) ou a reçu des agents prophylactiques à la date indiquée contre: (nom de la maladie ou de l'affection)
conformément au Règlement sanitaire international.

Aşı veya profilaksi ***Vaccine or prophylaxis*** Vaccin ou agent prophylactique	**Tarih** ***Date*** Date	**Denetim ve gözetim yapan klinisyenin mesleki durumu ve imzası** ***Signature and professional status of supervising clinician*** Signature et titre du clinicien responsable	**Aşı veya profilaksilerin menşei ve tertip numarası** ***Manufacturer and batch No. of vaccine or prophylaxis*** Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	***Sertifika:*** ***dan*** ***e kadar*** **geçerlidir.** ***Certificate valid from*** ***until*** Certificat valable à partir du: jusqu'au:	**İdare merkezinin resmi mührü** ***Official stamp of administering centre*** Cachet officiel du centre habilité
1. Yellow fever vaccine	10 march 2023		Stamaril VSF4913V	Life of the Person Vaccinated	
2.					

* Sertifikanın geçerliliği için gerekenler sayfa 2'dedir.

**** Requirements for validity of certificate on page 2-3.***

* Voir les conditions de validité à la page 3.

ANNEX 1

MODEL MEDICAL EXAM FORM

CONFIDENTIAL FORM

Pre-sea Exam ☐ Periodic Exam ☐

Name (last, first, middle): Khasiyev Murzabala

Date of birth (dd/mm/yyyy): 30 / 10 / 1986 Sex: Male ☑ Female ☐

Home Address: Azerb. Rep. city Baku

Passport No / Seafarer's Identification and Record Book No.: C02720169

Type of ship (container, tanker, passenger, fishing): offshore

Trade area (e.g. coastal, international): worldwide

Examinee's personal declaration (assistance should be offered by medical staff)

Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleeping problems	☐	☑
2.	High blood pressure	☐	☑	19.	Do you smoke	☐	☑
3.	Heart/vascular diseas	☐	☑	20.	Operation / surgery	☐	☑
4.	Heart surgery	☐	☑	21.	Epilepsy / seizures	☐	☑
5.	Varicose veins	☐	☑	22.	Dizziness / fainting	☐	☑
6.	Asthma/bronchitis	☐	☑	23.	Loss of consciousness	☐	☑
7.	Blood disorder	☐	☑	24.	Psychiatric problems	☐	☑
8.	Diabetes	☐	☑	25.	Depression	☐	☑
9.	Thyroid problem	☐	☑	26.	Attempted Suicide	☐	☑
10.	Digestive disorder	☐	☑	27.	Loss of memory	☐	☑
11.	Kidney problem	☐	☑	28.	Balance problems	☐	☑
12.	Skin problem	☐	☑	29.	Severe headaches	☐	☑
13.	Allergies	☐	☑	30.	Ear/nose/throat problems	☐	☑
14.	Infectious/contagious diseases	☐	☑	31.	Restricted mobility	☐	☑
15.	Hernia	☐	☑	32.	Back problems	☐	☑
16.	Genital disorders	☐	☑	33.	Amputation	☐	☑
17.	Pregnancy	☐	☐	34.	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes" please give details

Additional questions	**Yes**	**No**
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36. Have you ever been hospitalized?	☐	☑
37. Have you ever been declared unfit for sea duty?	☐	☑
38. Has your medical certificate ever been restricted or revoked?	☐	☑
39. Are you aware that you have any medical problems, diseases, or illnesses?	☐	☑
40. Do you feel healthy and fit to perform the duties of your designated position	☑	☐
41. Are you allergic to any medications?	☐	☑

Comments

42. Are you taking any non-prescription or prescription medication? ☐ ☑

If yes, please list the medications taken, the purpose and dosages

I hereby certify that the personal declaration above is a true statement to the best of my knowledge

Signature of examinee: ✓

Date (dd/mm/yyyy): 20 / 04 / 2024

Witnessed by: (*Signature*) _____

Name: (*Typed or printed*): Hüseynova E. M.

OGUK 2016 OGUK 2019

I hereby authorized the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Hüseynova E. M. (the medical practitioner)

Signature of examinee: ✓

Uniklinika tibb mərkəzi tel.: (012) 510-30-70 SƏNƏDLƏR ÜÇÜN faks: (012) 510-30-70 e-mail: unikal-115@mail.ru

Fit for Duty

Uniklinika
Gəmilərdə işləmək
üçün yararlıdır.
Fit for work on vessels

Date (dd/mm/yyyy): 20 / 04 / 2024

Witnessed by: (*Signature*) [signature]

Name: (*Typed or printed*): Aghayeva E.A

Medical Examination

Pre-sea ☐ Periodic ☑ Other ☐

Sight

	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant	20/20	20/20				
Near						

	Visual Field	
	Normal	Defective
Right Eye	normal	
Left Eye	normal	

Color Vision Not Tested ☐ Normal ☐ Doubtful ☐ Defective ☐

Hearing

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4000 Hz	6000 Hz
Right Ear	20db	20db	25db	25db	25db	25db
Left Ear	25db	20db	20db	20db	25db	25db

Pure tone and audio metry (threshold values in dB)

	Normal	Whisper
Right Ear	normal	5,0
Left Ear	normal	5,0

Speech and whisper test (metres)

Additional Information

Height (cm): 170 Weight(kg): 72

Pulse rate (/minute): 80 Rhythm: rhythmic

Blood Pressure: Systolic (mm Hg): 130 Diastolic (mm Hg) 80

Urinalysis: Glucose: negative Protein: negative

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Skin	☑	☐
Sinuses, nose, throat	☑	☐	Varicose Veins	☑	☐
Mouth/teeth	☑	☐	Vascular (inc.pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanic membrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Ophthalmoscopy	☑	☐	G-U System	☑	☐
Pupils	☑	☐	Upper and lower extremities	☑	☐
Eye movement	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☑	☐
Breast examination	☑	☐	Psychiatric	☑	☐
Heart	☑	☐	General apparence	☑	☐

Chest X-ray: Not performed ☐ Performed ☑ on (dd/mm/yyyy) 20.04.2024

CHEST X-RAY

Results: normal

Other Diagnostic test(s) and results(s):

Test: _____ Results: _____

Medical Practitioner comments:

Fit for Duty

Vaccination status recorded: Yes ☐ No ☑

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Assessment of fitness for service at sea

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	☐	☐	☐	☐

Describe restrictions (e.g. specific positions, type of ship, trade area)

Action taken by medical practitioner (e.g., referral): Uniklinika UCC

Place of examination: Azerb. Rep. city Baku sh. Kazimzade 99

Date of examination (dd/mm/yyyy): 20 / 04 / 2024

Medical certificate's date of expiration (dd/mm/yyyy): 20 / 04 / 2026

Official Stamp:

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Signature of Medical Practitioner:

Name of Medical Practitioner: Aliyeva E. N.

Authorized by: Uniklinika UCC (competent authority)

Fit for Duty

SƏNƏDLƏR ÜÇÜN

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Fit for work on vessels

Uniklinika Medical Center
Az. Rep., Baku city
90 K.Kazimzade str.
unikal-115@mail.ru

ANNEX 2

MEDICAL CERTIFICATE

CONFIDENTIAL DOCUMENT

REPUBLIC OF PALAU

Surname: Khasiyev			Given name(s): Mirzabala		
Date of Birth (mm/dd/yyyy): 10.30.1986			Place of Birth City: Baku Country: Azerbaijan		Sex Male ☒ Female ☐
Examination for duty as: Master ☐ Radio Off ☐ Deck Officer ☐ Rating ☐ Engineer Officer ☑			Mailing address of the applicant: Azerb. Rep city Baku		
Height 170	Weight 72	Blood Pressure 130/80	Pulse 80	Respiration 18	General Apparance N
Vision Without Glasses / With Glasses	Right Eye 20/20	Left Eye 20/20	Hearing Right Ear 5,0	Left Ear 5,0	
Color Test Type: Book ☑ Lantern ☐ check if color test is normal- Yellow ☑ Red ☑ Green ☑ Blue ☑					
Are glasses or contact lenses necessary to meet the required vision standards? Yes ☐ No ☑					
Head and Neck: normal.			Heart (Cardiovascular): normal		
Lungs: normal			Speech (deck/navigational officer and radio officer) Is speech unimpaired for normal voice communication? Yes ☒ No ☐		
Extremities: Upper normal Lower normal					
Is applicant vaccinated in accordance with WHO requirements Yes ☐ No ☑					
Is applicant suffering from any illness or disease likely to be aggravated by working aboard a vessel or to render him/her unfit for service at sea or likely to endanger the health of other persons onboard? Yes ☐ No ☑					
Is applicant taking any non-prescription or prescription medications Yes ☐ No ☑					

Signature of Applicant [signature] — Date: 20 04 2024

This is to certify that a Physical Examination was given to: ✓ _______________

Name of the Applicant

This applicant is certified free of communicable disease: Yes ☑ No ☐

Circle Appropriate Choice: (He/She) is found to be (Fit/ Not Fit) for duty as a (Master / Deck Officer / Engineering Office / Radio Officer / Ratings) (Without Any / With the following) restrictions:

Fit for Duty

"Uniklinika" tibb mərkəzi — SƏNƏDLƏR ÜÇÜN — Tel.: (012) 510 — Faks: (012) 510 — E-mail: unikal-115@mail.ru

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Name and Degree of Medical Practitioner: Ağayeva E. N

Address: Azerb. Rep. city Baku sh. Kazimzadeh 115

Name of Medical Practitioner's Certificating Authority: Uniclinica MCC

Signature of Medical Practitioner:

Any further information requests and inquiries concerning the subject for this notice Marine Notice should be directed to the Head Office of the Maritime Administrator, Republic of Palau. In order to obtain further information, contact information is provided below:

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Department: Maritime Safety and Environment Protection
PIC: Mrs. Marisabel Arauz Park
Palau International Ship Registry,
16701 Greenspoint Park Drive, Suite 155, Houston,
TX, 77060,
Tel: +1 281 876 9533 / Fax: +1 281 876 9534

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The list of the last updated Republic of Palau Marine Notices may be found at: www.palaushipregistry.com

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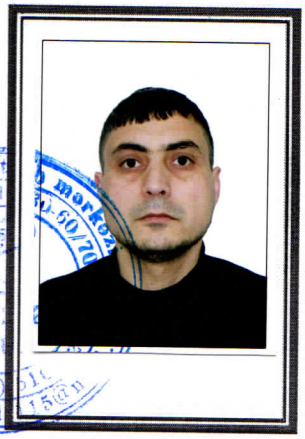
Uniklinika Medical Center
Az. Resp. Baku city
99 K.Kazimzade str.
unikal15@mail.ru

Certificate № 3109a

Of alcohol and narcotic addition examination



1. Surname, name: Khasiyev Mirzabala
2. Date of birth: 30.10.1986
3. Permanent address: Azerb. Rep city Baku
4. Date of examination: 20.06.2024
5. Valid: **12 month**

Answer the questions: 20 06 2025

ARE YOU ADDICTED TO ALCOHOL AND/OR DRUGS?

YES ☐ NO ☑

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE AND/OR TAKING ANY MEDICATION, IF SO PROVIDE DETAILS?

YES ☐ NO ☑

I have answered the above questions and considered my answers. And I do certifiy that the information given by me is true and complete to the best of my knowledge and here was recorded correctly and do hereby authorize the investigation of all the above statement also. I do hereby authorize all doctors, hospitals and other medical establishments to release all hospital records and medical information to any agent of the company with whom I am seeking employment.

I specifically agree and understand that the company may rely upon any Drug/Alcohol Certificate in contracting with me as an independent contractor to serve as a crewmember of the Company's owned or chartered vessels. And any false statements could subject me to immediate dismissal and disallowance of any benefits for which the Company may be responsible.

Date: 20 06 2024

This signature affixed in the presence of the examining doctor

This certificate acknowledges that

The above-mentioned Seafarer is examined by professionals of _____ and passed a complex alcoholic and narcological expertise.

Content of prohibited drugs in his blood/urine:

Benzodiazeoines	positive ☐	negative ☑
Metadon	positive ☐	negative ☑
Phencyclidine	positive ☐	negative ☑
(THC) Carmabinoids	positive ☐	negative ☑
Amphetamines	positive ☐	negative ☑
Methamphetamines	positive ☐	negative ☑
Barbiturates	positive ☐	negative ☑
Morphine (Opiates)	positive ☐	negative ☑
Cocaine	positive ☐	negative ☑
Alcohol	positive ☐	negative ☑

In case if listed drug:	
Is **found** in the blood/urine of the seafarer, the «**Positive**» should be underlined and ticked	Is **not found** in the blood/urine of the Seafarer, the «**negative**»should be underlined and ticked

Doctor laboratory assistant (signature)

Fit for Duty

Conclusion: Mr. Mirzabala Has no narcological and/or alcohol dependence

Signature of doctor-expert in narcology

Stamp:

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"UNIKAL-A" MMC

"Unikal – A"

LLC

Uniclinika

Medical Clinic Center

E- mail: unikal- 115@mail.ru

Phone: +994 510 62 78

Fax: +994 510 62 46

VÖEN: 100411841

Uniklinika Medical Center
Az. Rep., Baku city
99 K.Kazimzade str.
unikal-115@mail.ru

RECEİPT

Payer: Khasiyev Mursabala

Recipient: **Uniclinika Medical Clinic Center**

Amount figure and writing year 100 USD **Purpose of payment:** **general medical examination**

Payer's signature:

Date: 20.06.2024 **Cashier receiving money:**