

CURRICULUMVITAE OF MR. ERICK JACKSON ANTONY

PERSONAL DETAILS

Names	:	MR.ERICK JACKSON ANTONY
Rank	:	AB
Place/Date of Birth	:	ILALA/02 ND , FEBRUARY 1999
Address	:	DARESSALAAM
Mobile Phone/Home	:	+255748747743
Email	:	erickjackson2609@gmail.com
Nationality	:	TANZANIAN
Marital Status	:	SINGLE
Professional Education	:	SEAMAN
Height/Weight	:	165cm/51kg
English competency	:	GOOD
Overall/Shoe size	:	Medium/40
Closest airport	:	Julius Nyerere International Airport



NEXT OF KIN/EMERGENCY CONTACT.

Name	:	EDSON JACKSON ANTONY
Permanent address	:	DARESSALAAM
Phone	:	+255682082322
Relation	:	BROTHER

TRAVEL DOCUMENTS

DOCUMENT	NUMBER	AUTHORITY	ISSUED DATE	EXPIRE DATE
Passport	TAE-727944	PCO-Daressalaam	23/04/2024	22/04/2034
Seamanbook(old)	DB-02925	SUMATRA-Tanzania	10/07/2018	09/07/2023
Seamanbook(new)	DB-02013	TASAC-Tanzania	12/09/2023	11/09/2028
Medical fitness certificate	NIL	TASAC-Tanzania	23/04/2024	23/04/2026
COVID vaccination certificate	IVD00026017972	KIGAMBONI Health Center	15/04/2024	NIL
Yellow fever certificate	237009	Ministry of Health Tanzania	01/04/2024	NIL

WATCHKEEPING CERTIFICATES

CERTIFICATE	NUMBER	AUTHORITY	ISSUED DATE	EXPIRE DATE
Rating Forming Part of Navigational watch (RFPNW)	04735	TASAC-Tanzania	11/09/2020	NIL
Able seafarer deck	05679	TASAC-Tanzania	29/03/2021	NIL

CERTIFICATES OF STCW 78/2010

CERTIFICATE	NUMBER	AUTHORITY	ISSUED DATE	EXPIRE DATE
Personal Survival Technique	16866	TASAC-Tanzania	25/04/2025	24/04/2030
Fire Prevention and Fire Fighting	16091	TASAC-Tanzania	25/04/2025	24/04/2030
Personal Safety And Social Responsibility	16778	TASAC-Tanzania	25/04/2025	24/04/2030
Elementary First Aid	08928	TASAC-Tanzania	25/04/2025	24/05/2030
Security Awareness Training	14211	TASAC-Tanzania	25/04/2025	NIL
Proficiency In Survival Craft And Rescue Boats	01745	TASAC-Tanzania	26/05/2022	25/05/2027
Advanced Fire Fighting	04162	TASAC-Tanzania	11/03/2022	10/03/2027
Medical Care	01643	TASAC-Tanzania	18/03/2022	NIL
Hydrogen Sulphide Safety	DMI/H2S/05/24/0123	DMI	22/07/2021	21/07/2026
Basic Safety Training	DMI/BST/05/24/097	DMI	13/07/2021	12/07/2026
Oil Tanker	01745	TASAC-Tanzania	26/05/2022	25/05/2027

SEASERVICE RECORD

S/N	VESSEL NAME	R A N K	TYPE OF VESSEL	GR T	SIGNING ONDATE	SIGNING OFFDATE	DURATION	TRADING AREA
1	MV DAWI IMO:9421465	AB	TUG	490	10/07/2024	18/02/2025	06months	GULF
2	AHTS SAREMIMO 9415363	AB	OFF SHORE SUPPLY VESSEL	1579	26/01/2024	28/06/2024	05months	GULF
3	AHTSSAREM IMO 9415363	AB	OFF SHORE SUPPLY VESSEL	1579	17/09/2023	19/01/2024	04months	GULF
4	VALERIA RUGAIHURUZA IMO 9776030	AB	AHTS	851	03/06/2022	02/05/2023	11months	COASTAL
5	VALERIA RUGAIHURUZA IMO 9776030	AB	AHTS	851	04/04/2021	10/04/2022	12months	COASTAL

Totalseatime:1202Days

***Iherebycertifythattheaboveinformationprovidedbymeistrue,completeandtothebestofmyknowledge
in all due respect.***


LICENSE_TRAININGS_DOCUMENTSLIST

DECK-ENGINE-SALOONRATINGS(AB/BOSUN/OILER/MECHANIC.)


| License/Qualification

RFPNW

No. 04735



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



MR. ERICK JACKSON ANTONY


This is to certify that.....

Date of birth..... **02.02.1999** Place of birth..... **ILALA**

Has successfully completed an approved **RATING FORMING PART OF A NAVIGATIONAL WATCH** course. This Certificate has been issued under Regulation II/4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].


11.09.2020


Issued on.....



.....

Signature of the Holder



LAMECK SONDO 

.....

Name and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ASD

No. 05679

This is to certify that MR. ERICK JACKSON ANTONY

Date of birth 02. 02. 1999 Place of birth ILALA

Has successfully completed an approved ABLE SEAFARER DECK course. This Certificate has been issued under Regulation II/5 of the International Convention on the Standard of Training Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on 29.03. 2021

Signature of the Holder




LAMECK SONOO

Name and Signature of duly Authorized Officer

- | Trainings/STCW2010 /AdvancedTrainings/ Offshore
 - BST (comprisingFPFF/PSSR/PST/ EFAorBFA)

DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI)
P.O. Box 6727
Dar es Salaam
Tanzania



Tel: +255 22 2133645
Fax: +255 22 211 2600
Email: dmi83@hotmail.com
Website: www.dmi.act.tz

**Registered Government Training Institute
Accredited by the Surface and Marine Transport Regulation Authority**

Student Number **DMI/BST/05/24/097**

This is to certify that

MR. ERICK JACKSON ANTONY


Identify document number **CDC 8484**


BASIC SAFETY TRAINING CERTIFICATE

In accordance with regulation as per Section A-V/1 of the International Convention on Standard of Training Certification and Watch Keeping for Seafarers 78/2010 manila amended

PERSONAL SURVIVAL TECHNIQUES (Table - AV/1-1) FIRE PREVENTING AND FIRE FIGHTING (Table-AV/1-2
ELEMENTARY FIRST AID (Table-AV/1-03) PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES (table-AV1/1-4

From **27. 06. 2021** to **03. 07. 2021**


Signature of Course
Coordinator


Signature of the Candidate

13. 07. 2021
Date of Issue

12. 07. 2026
Expiry Date



FPFF

No. 16091



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MR. ERICK JACKSON ANTONY

This is to certify that.....

02.02.1999

ILALA CBD

Date of birth.....Place of birth.....

Has successfully completed an approved **FIRE PREVENTION AND FIRE FIGHTING** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-2 of the STCW Code.

25.04.2025

24.04.2030

Issued on.....Valid Until.....

Signature of the Holder



LAMECK SONADO

Name and Signature of duly Authorised Officer



PSSR

No. 16778



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MR. ERICK JACKSON ANTONY

This is to certify that.....

02.02.1999

ILALA CBD

Date of birth.....Place of birth.....

Has successfully completed an approved **PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-4 of the STCW Code.

25.04.2025

24.04.2030

Issued on.....Valid Until.....

Signature of the Holder



LAMECK

SIMON

Name and Signature of duly Authorised Officer

PST

No. 16866



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MR. ERICK JACKSON ANTONY

This is to certify that.....

Date of birth.....02.02.1999.....Place of birth.....ILALA CBD.....

Has successfully completed an approved **PERSONAL SURVIVAL TECHNIQUES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-1 of the STCW Code.

Issued on.....25.04.2025.....Valid Until.....24.04.2030.....

Signature of the Holder



LAMEEK SONDO

Name and Signature of duly Authorised Officer



EFA

No. 08928



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MR. ERICK JACKSON ANTONY

This is to certify that.....

02.02.1999

Date of birth.....Place of birth.....ILALA CBD

Has successfully completed an approved **ELEMENTARY FIRST AID** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-3 of the STCW Code.

25.04.2025

24.04.2030

Issued on.....Valid Until.....

Signature of the Holder




LAMECK



SOMBO

Name and Signature of duly Authorised Officer

• PSCRB

 **PSCRB**

No. 01745


 **THE UNITED REPUBLIC OF TANZANIA**
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC 


This is to certify that MR. ERICK JACKSON ANTONY

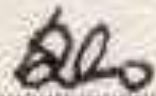
Date of birth 02. 02. 1999 Place of birth ILALA

Has successfully completed an approved **PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS** course. This Certificate has been issued under Regulation VI/2-1 of the International Convention on the Standard of Training Certification and Watchkeeping for Seafarers (STCW) 1978 as amended (2010)

Issued on 26. 05. 2022 Valid Until 25. 05. 2027


Signature of the Holder



LAMECK SONDO 
Name and Signature of duly Authorised Officer



SAT

No. 14211



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MR. ERICK JACKSON ANTONY

This is to certify that.....

02.02.1999

Date of birth.....Place of birth.....

ILALA CBD

Has successfully completed an approved **SECURITY AWARENESS TRAINING** course. This Certificate has been issued under Regulation VI/6.1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

25.04.2025

Issued on.....

Signature of the Holder



LAMECK

SOMADO

Name and Signature of duly Authorised Officer

DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI)
P.O. Box 6727
Dar es Salaam
Tanzania



Tel: +255 22 2133645
Fax: +255 22 211 2800
Email: dmi83@hotmail.com
Website: www.dmi.ac.tz

Registered Government Training Institute
Accredited by the Surface and Marine Transport Regulation Authority

Student Number **DMI/H2S/05/24/0123**

This is to certify that

MR. ERICK JACKSON ANTONY



Holder of **CDC 6484** and Passport No: **TAE 727944** Has successfully
Completed a training course for

HYDROGEN SULPHIDE SAFETY

This course covers the following topics

- Introduction, Hazards & Characteristics.
- Method of Detection (Old & New) precaution location safety & protection
(a) Modern way to reduce concentration of H₂S on the drill floor
- Function of CMS, SCBA and various protective Equipments
- Contingency Plan
- Response, procedure, procedure form Marks, sign
- First Aid, Responsibility (Employers, workers).

From **12. 07. 2021**

to **16. 07. 2021**

Signature of Course
Coordinator

Signature of the Candidate

22. 07. 2021

Date of Issue


21. 07. 2026

Expiry Date


- AED Training

MC

No. 01643



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS, TRANSPORT
AND COMMUNICATION
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC





This is to certify that **MR. ERICK JACKSON ANTONY**

Date of birth **02.02.1999** Place of birth **ILALA**

Has successfully completed an approved **MEDICAL CARE CERTIFICATE** course. This Certificate has been issued under Regulation VI/4.2 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].


Issued on **18.03.2022**


.....
Signature of the Holder



Cpt. E. E. MARJANI

.....
Name and Signature of duly Authorised Officer



AFF

No. 04162



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that MR ERICK JACKSON ANTONY

Date of birth 02.02.1999 Place of birth ILALA

Has successfully completed an approved **ADVANCED FIRE FIGHTING** course. This Certificate has been issued under Regulation VI/3 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on 11.03.2022 Valid Until 10.03.2027

Signature of the Holder



QFT. E. E. MARIJANI

Name and Signature of duly Authorised Officer



BTOCTCO

No. 03323



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that **MR. ERICK JACKSON ANTONY**

Date of birth **02. 02. 1999** Place of birth **ILALA**

Has successfully completed an approved **BASIC TRAINING FOR OIL AND CHEMICAL TANKER CARGO OPERATIONS** course. This Certificate has been issued under Regulation VI/1-1.2 of the international convention on standards of training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended (2010).

Issued on **11.03. 2021**

Signature of the Holder



LAMECK SONDO



Name and Signature of duly Authorised Officer

PassportCopy



BOOK			
ISSUED TO: SURNAME		ANTONY	
OTHER NAMES		ERICK JACKSON	
DATE OF BIRTH	PLACE OF BIRTH		
02.02.1999	ILALA		
COLOUR OF EYES	HEIGHT	WEIGHT	GENDER
BLACK	165CM	51KG	MALE
COLOUR OF HAIR	DATE OF EXPIRY		
BLACK	11.09.2028		
DISTINGUISHING MARKS			
NIL			
DATE OF ISSUE		PLACE OF ISSUE	
12.09.2023		TASAC HQ DAR ES SALAM	

PAGE 2

UNITED REPUBLIC OF TANZANIA	
SIGNATURE OF SEAFARER	PHOTOGRAPH OF SEAFARER
	
TASAC	

PAGE 3

DB-92013

NAME OF SEAMAN	DATE AND PLACE OF ISSUANCE		EXPIRATION DATE	TYPE OF SERVICE	SIGNATURE OF MASTER	STATUS OF SEAMAN
	ISSUANCE	EXPIRATION				
	19/01/2024	19/01/2025	19/01/2025	Gulf Qatar	 MASTER AHIS SAREM	SEAMAN
	26/01/2024	26/01/2025	26/01/2025	Gulf Qatar	 MASTER AHIS SAREM	SEAMAN
	10/01/2024	18/02/2025	18/02/2025	Gulf Qatar	 MASTER AHIS SAREM	SEAMAN

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- SeaServiceStampsfromServiceRecordBook(foralltheSeaServicementionedin CV)

BOOK:

ISSUED TO: SURNAME: ANTONY JACKSON			
OTHER NAMES: GRICK			
DATE OF BIRTH 02-02-1999	PLACE OF BIRTH ILALA		
COLOUR OF EYES BLACK	HEIGHT 165 cm	WEIGHT 50 kg	SEX M
COLOUR OF HAIR BLACK	DATE OF EXPIRY 09-07-2023		
DISTINGUISHING MARKS NIL			
DATE OF ISSUE 10-07-2018	PLACE OF ISSUE SUMATRA HQ DAR ES SALAAM		

PAGE 1

PHOTOGRAPH OF SEAFARER



PAGE 2

SIGNATURE OF SEAFARER

DB 02925

NAME OF VESSEL OFFICIAL NO. GROSS TONNAGE OR HORSEPOWER*	DATE AND PLACE OF		GRADE RANK	DESCRIP TION OF VOYAGE	SIGNATURE OF MASTER	COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE				
	10-08-2020	01-02-2021	AB	Coult	 MASTER	
	04/04/2021	16/04/2021	AB	Coult	 MASTER	
	31/05/2022	21/01/2023	AB	Coult	 MASTER	

INCH 14

INCH 15

- **Service Letter from employer** for any missing service stamps OR any services not recorded in Seaman Book / Service Record book



Tanzania Ports Authority
Office of the Port Director
Port Main Quay No.1 Kurasini P.O. Box 1130 Dar es Salaam
Telephone: (255-22) 2113642 Fax (255-22) 2113646
E-mail: pmdsm@tanzaniaports.com

02 May 2023

Our Ref: STM/51 DGL/TPA/23

Dear Sir/Madam

TO WHOM IT MAY CONCERN

CERTIFICATE OF SERVICES

MR. ERICK JACKSON ANTONY

This is to certify that MR ERICK JACKSON ANTONY, is experienced seaman.

Experience:

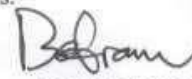
He serves as

AB Under TPA.
in our Vessel,

VALERIA RUGAIHURUZA, GRT 851 /255NT 4120KW since 03/06/2022 to 02/05/2023 - at Dar es salaam Port.

During this time, we found him hard working, very honest, highly reliable and responsible. Any assistance accorded to him will be highly appreciated. We wish him all the best in his future endeavors.

Yours faithfully,


BETRAM MREMA
SENIOR TUG MASTER.

SENIOR TUG MASTER
T. P. A.
DAR ES SALAAM



White Sea Shipping & Supply

Winner of sea Trade Middle East & Indian subcontinent award for
"Best marine & offshore service company 2009"

P.O.BOX 2705. Hamriyah free zone, sharjah, U.A.E

tel: (+971) 6526 3020, Fax: (+ 9710 6 526 3066/77

Web www.whitesea.ae e- mail: info@whitesea.ae



CERTIFICATE OF SERVICE

This is to certify that the following is a full and true statement of sea service performance by Mr. **Erick Jackson Antony**, holder of Tanzanian passport no. **TAE 727944** and seaman no. **DB 02925**, under my supervision on board the under listed DP vessel owned by White Sea shipping & supply WSS from 10.08.2020 until present, 01/02/2021.

PERIOD OF SERVICE FROM TO	RANK AND NATURE OF DUTIES	VESSEL NAME	VESSEL PARTICULARS
10.08.2020 to 01/02/2021	AB	AHTS SAREM	IMO. 9415363 GRT. 1579 NRT. 473 BHP. 5500 Call sign j8B4017 ST. VICENT

TESTIMONIAL

REPORT ON THE ABOVE NAMED, DURING THE PERIOD, AS FOLLOW

Ability: Good

Conduct: Good

Sobriety: Strictly Sober

For White Sea Shipping & Supply WCC


CAPTAIN MELNYCHENKO IHOR

AHTS SAREM

MASTER 



Medical&Vaccination

- Seafarers/ILO_MLCMedical(includingHIVI&II,HEPB&C/D&ATestand BloodGroup Report)



TUVALU SHIP REGISTRY

Medical Fitness Examination Certificate (Form MED) - CONFIDENTIAL -

Tuvalu Ship Registry
10 Anson Road #25-16
International Plaza
Singapore 079903
Tel: (65) 6224 2345
Fax: (65) 6227 2345
Email: info@tvship.com
Website: www.tvship.com

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals) ERICK JACKSON ANTONY		Passport No: TAE727944
Date of Birth: (DD-MM-YYYY) 02-02-1999	Nationality: TANZANIAN	Examination for duty as*: (May select more than 1)
Place of Birth: (City, Country) ILALA CBD, TANZANIA	Sex *: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Master <input type="checkbox"/> Deck Officer <input type="checkbox"/> Engineer Officer <input type="checkbox"/> Radio Officer <input type="checkbox"/>
Address of Applicant: KIMARA, UBUNGO, DAR ES SALAAM		Tel no: +255719937243 Email Address: erickantony828@gmail.com

B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	<u>165cm</u> Metres	<u>51kg</u> Kilos
2	Hearing	<u>20db</u> Right	<u>20db</u> Left
3a	Eyesight (with glasses)	<u>N/A</u> Right	<u>N/A</u> Left
3b	Eyesight (without glasses)	<u>Normal</u> Right	<u>Normal</u> Left
3c	Colour Vision Test Type	<input checked="" type="checkbox"/> Book	<input checked="" type="checkbox"/> Lantern
3d	Colour Vision Test Result	<input checked="" type="checkbox"/> Yellow	<input checked="" type="checkbox"/> Red <input checked="" type="checkbox"/> Green <input checked="" type="checkbox"/> Blue
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Urinanalysis	<u>NIL</u> Sugar	<u>NIL</u> Albumin <u>NIL</u> Microscopy
5	Full blood count	<u>14.2g/dl</u>	<u>85200/mm³</u> <u>120000/mm³</u>
6	VDRL	<u>NEG</u> Negative	<input type="checkbox"/> Positive
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	<u>Normal</u> Normal	<input type="checkbox"/> Abnormal
8	Electrocardiogram (ECG) (EDG)	<u>Normal</u> Normal	<input type="checkbox"/> Abnormal
9	Pulse	<u>71</u> Per min	
10	Blood Pressure	<u>116/77 mmHg</u>	
11	Blood Group	<u>O+ve</u>	
		Normal	Abnormal
12	Cardiovascular system (heart)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Central Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Digestive System	<input checked="" type="checkbox"/>	<input type="checkbox"/>

15	Locomotor system (spine/limbs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
16	Head and Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
17	Skin (including varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
18	Physique – Deformities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
19	Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
20	Intelligence, mental state	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
21	Speech (Deck / Radio Officer) (Is speech impaired for normal voice communication?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
22	Gastrointestinal system (eg Hernia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
23	Urogenital system (eg Hydrocoele)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
24	Endocrine system (eg Thyroid)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
25	Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
26	Ears/ Nose/Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
27	Mouth/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
28	Vaccinated in accordance to WHO requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
29	On any non-prescription or prescription medications?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		If yes, please specify: _____		
30	Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?	<div style="border: 1px solid black; padding: 5px;"> Comments: <i>The applicant is physically and Mentally Fit for the Position</i> </div>		

Signature of Applicant <i>E. J. Antony</i>	Date: <i>05.05.2025</i>
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* Select as appropriate:

C. PHYSICIAN'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS				
I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him) / (her)* deemed to be (FIT) / (UNFIT)* for duty as: <i>AB</i>				
<input type="checkbox"/> Master <input type="checkbox"/> Deck Officer <input type="checkbox"/> Engineer Officer <input type="checkbox"/> Radio Officer <input checked="" type="checkbox"/> Others, please state: <i>AB</i>				
Restrictions / Remarks (if any) _____				
<div style="border: 2px solid blue; padding: 5px; color: blue;"> MEDICAL OFFICER IN CHARGE KIGAMBONI HEALTH CENTER KIGAMBONI MUNICIPAL </div>	<i>05/05/2025</i> Date of Examination	<i>04/05/2027</i> Date of Expiry*	<i>St Anthony's</i> Signature	<i>KIGAMBONI HEALTH CENTER</i> Name of Medical Institute / Hospital
*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise				

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

MEDICAL EXAMINATION CERTIFICATE

This certificate is issued in compliance with International Convention on Standards of Training and Watchkeeping for Seafarers 1978, as amended (STCW) regulation 1/9, the Maritime Labour Convention, (MLC 2006), regulation 1.2 and Reg. 12 of the Merchant Shipping (Medical Examinations) Regulations, GN. No. 244 of 2006 made under Merchant Shipping Act Cap. 165.

First Name : ERICK Middle Name : JACKSON Last Name : ANTONY
Date of Birth : 02-02-1999 Nationality : Tanzania Home Address : UBUNGO, DARESSALAAM TANZANIA
Proof of Identity : National ID ID Number : 19990202161080000121 Department : Deck
Other (Specify):

I have evaluated the above named applicant according to the seafarer's medical fitness standards and certification requirement established in accordance with the provision of regulation 1/9 of the STCW Convention, 1978 as amended, regulation 1.2 of the Maritime Labour Convention, 2006 as amended and Reg. 12 of the Merchant Shipping (Medical Examinations) Regulations, GN. No. 244 of 2006 made under Merchant Shipping Act Cap. 165.

On the basis of the applicants personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant is:

Fit

Fit and is not suffering from any medical condition likely to be aggravated by, or to render him/her unfit for service at sea or likely to endanger the health of other person on board.

Eyesight:

Meets visual acuity standards: Yes Visual aids (tick if Spectacles worn): Yes Contact lenses: Yes
Meets colour vision standards: Yes Date of last colour vision test: 4/22/2024

Hearing:

Meets hearings standards: Yes Lookout duties (Deck departments only): Yes Unaided hearing satisfactory
Fit for lookout duties: Yes

Date of examination: 4/23/2024

Place of examination: MICO, DARESSALAAM

Expire date of Certificate : 4/23/2026

Name of approved medical practitioner: Dr. Msho Hassan Rupinda

Medical practitioner signature: [Signature]

Official Stamp: [Stamp]

I acknowledge that I have been advised on the content of the medical examination report and my duty to seek a review of the content of this certificate. In the event of a change of my medical state, I acknowledge the validity of this certificate should be reviewed by an approved medical practitioner.

Applicant's signature: [Signature] (Signed in the presence of the approved medical practitioner)



LICENSE TRAININGS DOCUMENTS LIST
DECK-ENGINE-SALOON RATINGS (AB / BOSUN / OILER / MECHANIC /.)

- COVID-19 vaccination
- Pfizer-BioNTech (two jabs) + Booster shot.
- Janssen (Johnson & Johnson) (single jab) + Booster shot.

4/30/24, 8:38 PM about:blank

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

CERTIFICATE OF COVID-19 VACCINATION

Erick Jackson Antony
Full Name

IVD00026017972
Ref Number

TAE727944
ID Number

Feb 2, 1999
Date of Birth

Vaccine Name	Batch Number	Doses Administered	Date of Vaccination	Center of Vaccination
Pfizer-BioNTech	GN6344	<input checked="" type="checkbox"/> 1st Dose	Aug 8, 2023	KIGAMBONI Health Center
Pfizer-BioNTech	P0001324	<input checked="" type="checkbox"/> 2nd Dose	Aug 29, 2023	KIGAMBONI Health Center
Janssen	XF674	<input checked="" type="checkbox"/> 3rd Dose	Apr 15, 2024	KIGAMBONI Health Center

Scan to validate



ISSUED BY : Dr. John Anthony Jingu
Permanent Secretary

Please keep this card, it contains important information regarding the COVID-19 vaccine you have received

about:blank 1/1

**International Certificate of
Vaccination or Prophylaxis**

International Health Regulations (2005)

**Certificat International de
Vaccination ou de prophylaxie**

Règlement sanitaire international (2005)

Issued to / Délivré à

ERICK JACKSON ANTHONY

Passport number or travel document number
Numéro du passeport ou du document de voyage

TAE 727944

**INTERNATIONAL CERTIFICATE* OF VACCINATION
OR PROPHYLAXIS**

This is to certify that (name) **ERICK**

date of birth **02/02/1999** sex **M**

nationality **TANZANIAN**

national identification document if applicable **YES**

whose signature follows **[Signature]**

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

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising officer Signature et statut professionnel du surveillant
1. YELLOW	01-APR	NURSING OFFICER IN CHARGE VACCINATION CENTRE DAREESALAM
2. FEVER	2024	
3.		

* Requirement for validity of certificate on page 2.

**CERTIFICAT* INTERNATIONAL DE VACCINATION
OU DE PROPHYLAXIE**

Nous certifions que (nom) _____

né(e) le _____ de sexe _____

et de nationalité _____

document d'identification national, le cas échéant _____

dont la signature suit _____

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.

Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from unit Certificat valable à partir du jour/an	Official stamp of the administering centre Cachet officiel du centre habilité
SANOFI	UNTIL	
PASTEUR	FOR	
W3541	LIFE	

* Voir les conditions de validité à la page 2.