



# ATLANTAS CREW MANAGEMENT

Form No -FP02D

Revision -2

Seafarer's declaration of medicines being carried on board

Date - 15 Oct 23

Date:

To,  
The Company appointed Doctor,  
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage on board. These have been prescribed by my family doctor and/or by company appointed doctor. I have been taking these prescribed medicines for last .....days/months/year.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - ..... weeks/months

Sr. No	Name of Medicine(S) Onboard (Allopathic medicines to be mentioned here)	Quantity	Dosages	Ailment
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

- I agree to carry the original prescription on board for the above-mentioned medication.
- I agree to inform the Master, all details of my medication immediately upon joining the vessel.
- I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
- I am also aware of my responsibility for self-medication.
- Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my on board tenure and extra supply for an additional month. I will be responsible for maintaining sufficient stock of my prescription medicine & will be also responsible for informing the master with reasonable notice if due to any reason I am in need of replenishment of my prescription medicine. The company will assist as far as possible for replenishing my prescription medicine in case of emergency only.
- I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of these seafarer: <b>MD AZADUR RAHMAN</b>	Signature:
Vessel Name:	Date: <b>06 APR 2024</b>
Confirmed by a company appointed doctor (signature & date):	
	<b>06 APR 2024</b>
The company appointed doctor's name & city:	<b>DR. MD. Ayubur Rahman</b> M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg. No. A-11820
The company appointed doctor's remarks, if any:	<b>AND APPROVED BY</b> DG Shipping Govt. of Bangladesh
	<b>NO MEDICATION.</b>

\*Note: Doctors are requested to send the original form along with the medical report to the company.

