



<b>ATLANTAS CREW MANAGEMENT</b>	Form No –FP02D
	Revision –1
Seafarer's declaration of medicines being carried on board	Date – 01 Jul 21

XXXX (Management Company)  
 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.

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. The Company will not be responsible to arrange for replenishment.
- 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 SAHIDUR RAHMAN, 2<sup>ND</sup> ENGINEER</b>	Signature:
Vessel Name:	Date: <b>20 DEC 2022</b>
Confirmed by a company appointed doctor (signature & date): <b>20 DEC 2022</b>	 <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S.; P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
The company appointed doctor's name & city:	
The company appointed doctor's remarks, if any: <b>- NO MEDICATION -</b>	

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