



## Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

If you answered "yes" to any of the above questions, 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 even 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/occupation?	✓	
41	Are you allergic to any medication?		✓

### Comments:

Fit For Duty on Board Ship


42	Are you taking any non-prescription or prescription medications?		✓
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If yes, please list the medications taken, and the purpose(s) and dosage(s):


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

Signature of Examinee:

*[Signature]*

Day **17 JAN 2022**  
(day/month/year)

**DR. MD. Ayubur Rahman**  
 M.B.B.S. P.G.T (Medicine)  
 Taher Chamber,  
 10, Agrabad C/A, Chittagong  
 BMDC Reg No: A-11820  
 AND APPROVED BY  
 DG Shipping  
 Govt. of Bangladesh

Witnessed by: (signature)

*[Signature]*

Name (Typed or Printed)

**DR. MD. AYUBUR RAHMAN**  
 M.B.B.S. P.G.T (Medicine)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. **MD. AYUBUR RAHMAN** (the approved medical practitioner) Regn. No. A-11820

Signature of Examinee

*[Signature]*

Day **17 JAN 2022**  
(day/month/year)

**DR. MD. Ayubur Rahman**  
 M.B.B.S. P.G.T (Medicine)  
 Taher Chamber,  
 10, Agrabad C/A, Chittagong  
 BMDC Reg No: A-11820  
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Witnessed by: (signature)

*[Signature]*

Name (Typed or Printed)

File No. : L #4 (2nd/O)

**DR. MD. AYUBUR RAHMAN**  
 M.B.B.S. P.G.T (Medicine) : 3 Years / Frequency : As Required  
 Taher Chamber,  
 10, Agrabad C/A, Chittagong.  
 Regn. No. A-11820