

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions Yes No			
35.	Have you ever been signed off as sick or repatriated from a ship?		O'
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/occupation?	V	
41.	Are you allergic to any medications?		4
Comments.			
	Fit For Duty on Board Ship		
	1	П	
42.	Are you taking any non-prescription or prescription medications?		
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:			
Date (day/month/year): Witnessed by: (Signature)			
Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AYUBUR RAHMAN			
M.D.D.C. D.C. T.(Madisina)			
I hereby authorize the release Topes That be previous medical records from any health professionals, health institutions and public authorities to Dr. How Agraba (A. Chinagong How Agraba Raymont). (The approved			
medical examiner).			
Sig	gnature of examinee:		
	te (day/month/year): 18/JUN 2022 /		
	tnessed by: (Signature)		
	me: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) te and contact details for previous medical examination (if know):		
Da	10, Agrabad C/A, Chittagong. 8 Renn. No. A-11820		