

## TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions		
<ul><li>35. Have you ever been signed off as sick or repatriated from a ship?</li><li>36. Have you ever been hospitalized?</li></ul>	Yes	No D
37. Have you ever been declared unfit for sea duty?		W
38. Has your medical certificate ever been restricted or revoked?		V
39. Are you aware that you have any medical problems, diseases or illnesses?	- Care-record	TY
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	V	- Constitution
41. Are you allergic to any medications?		V
Comments.		The state of the s
Fit For Duty on Board Ship		*
42. Are you taking any non-prescription or prescription medications?		V
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  Signature of examinee:  Date (day/month/year):  Witnessed by: (Signature)  Name: (Typed or printed)  I hereby authorize the release of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all in our reduced from any health health institutions and public authorizes and process of all institutions are reduced from any health health institutions and public authorizes and process of all institutions are reduced from any health health institutions and public authorizes and process of all institutions are reduced from any health health institutions and public authorizes and process of all institutions are reduced from any health health health institutions and public authorizes and process of all institutions are reduced from any health health institutions are reduced from any health health health instituti	profes	