

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form **CONFIDENTIAL FORM**

Additional questions		WC - 107
35. Have you ever been signed off as sick or repatriated from a ship?	Yes	No
36. Have you ever been hospitalized?		U
37. Have you ever been declared unfit for sea duty?		Y
38. Has your medical certificate ever been restricted or revoked?		V
39. Are you aware that you have any medical problems, diseases or illnesses?		V
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41. Are you allergic to any medications?		
Comments.		
Fit For Duty on Board Ship		
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 most signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AYBUR RAHMAN M.B.B.S: P.G. T (Medicine) Taher Chamber I hereby authorize the release Astrant day operations medical records from any hear	Ith profe	
medical examiner).	(The a	approve
Signature of examinee: Date (day/month/year) 2 5 JUL 2022		-
Date (day/month/year): 4 5 JUL 2042 Witnessed by: (Signature)		
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B.S. R.G.T. (Modicine)		_
Date and contact details for previous fire file all examination (if know):		