TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE	Issue No	00
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Appendix 1 Medical Exam Form	***	
CONFIDENTIAL FORM	. 11 . 24	
Additional questions		
35. Have you ever been signed off as sick or repatriated from a ship?	Yes	No
36. Have you ever been hospitalized?		F
37. Have you ever been declared unfit for sea duty?		II II
37. Have you ever been declared unit for sea duty?38. Has your medical certificate ever been restricted or revoked?		L L
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?	. 4	
41. Are you allergic to any medications?		T
Comments.		
Comments.		
Fit For Duty on Board Ship		
and budy on board Ship		
]
42. Are you taking any non-prescription or prescription medications?		P
If yes, please list the medications taken and the purpose(s) and dosage(s).		•
I handly contify that the normanal declaration of any is a true statement to the h	act of my line	
I hereby certify that the personal declaration above is a true statement to the b	est of my kno	wieuge.
Signature of examinee:		
Date (day/month/year):2/6_JAN 2023 Witnessed by: (Signature)		
Name: (Typed or printed) DR. MD. AYUBUE RAHMAN	<u>- 1</u> 11111111111111111111111111111111111	
M.B.B.S; P.G.T (Medicine)	1 1/1	C
I hereby authorize the release the store of	The (The	approved
medical examiner).	(The	approved
0,		
Signature of examinee: 2 6 JAN 2023		<u></u>
Witnessed by: (Signature)		
Name: (Typed or printed)		
Date and contact details for previous medical examination (if know): Regn. No. A-11820		

(CONTROLLED DOCUMENT) Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012