

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

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Ado	litional questions			
35.	Have you ever been signed off as sick or repatriated from a ship?		Yes	No
36.	Have you ever been hospitalized?			TY
37.	Have you ever been declared unfit for sea duty?			- CY
38.	Has your medical certificate ever been restricted or revoked?			TY.
39.	Are you aware that you have any medical problems, diseases or illnesses?			Y
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	,0	V	
41.	Are you allergic to any medications?			V
Con	nments.			
	Fit For Duty on Board Ship		12	
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): 1/1 SEP 2022				
Witnessed by: (Signature)				
Name: (Typed or printed)  DR. MD. AYUBUR BAHMAN  M.B.B.S; P.G.T (Medicine)				
I hereby authorize the release of the IChard bore professionals medical records from any health professionals.				
health institutions and public authorities to Bro MD. AYUBUR KAHMAN (The approved				
medical examiner).				
Signature of examinee:				
Date (day/month/year):1 SEP 2022				
Witnessed by: (Signature)				
Name: (Typed or printed)  DR. MD. AYUBUR RAHMAN  DR. MD. AYUBUR RAHMAN				
Date and contact details for previews iffed examination (if know):				
10, Agrabad C/A, Chittagong. Regn. No. A-11820				