

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

35. Have you ever been signed off as sick or repatriated from a ship? 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? 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 my knowledge. Signature of examinee: BAY 2 ID Date (day/month/year): 2 1 DEC 2022/ Witnessed by: (Signature) Name: (Typed or printed) BAY 2 ID Date (day/month/year): 2 1 DEC 2022/ Date (day/month/year): 3 1 DEC 2022/ Date (day/month/year): 3 2 1 DEC 2022/ Date (day/month/year): 3 3 2 DEC 20	Additional questions		Yes	No
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Date and contact details for previous medical examination (if know): 10, Agrabad C/A, Chittagong. Regn. No. A-11820	Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) I hereby authorize the release health institutions and public a medical examiner). Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) Date and contact details for printed)	AV 2 I DEC 2022/ MD. AYUBUR RAHMAN A.B.S.; P.G. T (Medicine) Tabor Albarder Previous medical records from any hea AN 2 I DEC 2022/ R. MD. AYUBUR RAHMAN WIGHS in Constitution O, Agrabad C/A, Chittagong.	alth profe	essionals,