Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions

		Yes	No
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: Dibraj Das
Date (day/month/year): 12 JAN 2023
Witnessed by: *(Signature)*
Name: *(Typed or printed)* DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MD. AYUBUR RAHMAN (The approved medical examiner).

Signature of examinee: Dibraj Das
Date (day/month/year): 12 JAN 2023
Witnessed by: *(Signature)*
Name: *(Typed or printed)* DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
Date and contact details for previous medical examination (if know):