

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No 00 4 of 6 Page No

Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Additional questions
35. Have you ever been signed off as sick or repatriated from a ship? Yes No
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: Zmp
Date (day/month/year): 2/9 AUG 2023
Witnessed by: (Signature)
Name: (Typed or printed DR. MD. AYUBUK RAHMAN M.B.B.S; P.G.T (Medicine)
I hereby authorize the release and all mynaprevious medical records from any health professionals, health institutions and public authorities to Dr. How were Raffin (The approved medical examiner).
Signature of examinee:
Date (day/month/year): 2 9 AUG 2023/
Witnessed by: (Signature)
Name: (Typed or printed) DR. MD. AYUBUK RAHMAN
Date and contact details for previous fiedless fired examination (if know): 10, Agrabad C/A, Chittagong.