

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

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Appendix 1 Medical Exam Form
CONFIDENTIAL FORM

Additional questions		
<ul> <li>35. Have you ever been signed off as sick or repatriated from a ship?</li> <li>36. Have you ever been hospitalized?</li> <li>37. Have you ever been declared unfit for sea duty?</li> <li>38. Has your medical certificate ever been restricted or revoked?</li> <li>39. Are you aware that you have any medical problems, diseases or illnesses?</li> <li>40. Do you feel healthy and fit to perform the duties of your designated position/occupation?</li> </ul>	Yes	
41. Are you allergic to any medications?		9
Fit For Duty on Board Ship		
42. Are you taking any non-prescription or prescription medications?		V
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:     Hullulen   Date (day/month/year):   2   NOV 2021		
Signature of examinee:  Date (day/month/year):  Witnessed by: (Signature)  Name: (Typed or printed)  Date and contact details for previous medical examination (if know):  Taher Chamber  10, Agrabad C/A, Chittagong.		