

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No 00 Page No 4 of 6

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?		H
37. Have you ever been declared unfit for sea duty?		9
38. Has your medical certificate ever been restricted or revoked?		9
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).	7	
I hereby certify that the personal declaration above is a true statement to the best of my	knowl	edge.
Signature of examinee: Date (day/month/year): Name: (Typed or printed) DR. MD. AYOBER RAHMAN M.B.B.S.: P.G.T (Medicine) Taher Chamber T		