

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

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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?		V
37.	Have you ever been declared unfit for sea duty?		
38.	Has your medical certificate ever been restricted or revoked?		4
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?		Constitution of the Consti
41,	Are you allergic to any medications?		回
Comments.			
	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:  Date (day/month/year):  Witnessed by: (Signature)  Name: (Typed or printed): MD. Ayudar Rahman  Tather Chamber,  10. Agrabad C/A. Chittagong  I hereby authorize the release of all any previous medical records from any health professionals, health institutions and public authorities to Dr. 40. Ayudar Rahman  (The approved medical examiner).			
-	ature of examinee:  (day/month/year):  0 3 APR 2024/	MESTERNING OF BUILDING STRAIGHT	Mariana
Witnessed by: (Signature)			
Name: (Typed or printed)  DR. MD. Ayubur Rahman M.B.B.S. P.C.T (Medicine)			
Date and contact details for previous medical examination (if know): Agrabad C/A, Chittagong BMDC Reg. No. A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh			