

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

Issue No 00 Page No 4 of 6

Appendix 1 Medical Exam Form **CONFIDENTIAL FORM** 

35. 36. 37. 38. 39. 40.	Have you ever been signed off as sick or repatriated from a ship?  Have you ever been hospitalized?  Have you ever been declared unfit for sea duty?  Has your medical certificate ever been restricted or revoked?  Are you aware that you have any medical problems, diseases or illnesses?  Do you feel healthy and fit to perform the duties of your designated position/occupation?  Are you allergic to any medications?	Yes	
Con	nments.		
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		
11 y	es, please list the medications taken and the purpose(s) and dosage(s).		
I he	reby certify that the personal declaration above is a true statement to the best of	f my know	vledge.
Date With Nan I he heal med	nature of examinee: (day/month/year): (e) (day/month/year): (nessed by: (Signature) (ne: (Typed or printed)  DR. MD. AYUBUR RAHMAN  M.B.B.S. P.G. (Medicine)  Tapler Chamber  Tapler Chamber  Tapler Chamber  The chamber  The institutions and public authorities to Di. 20  DR. MD. AYUBUR RAHMAN  M.B.B.S. P.G. (Medicine)  Tapler Chamber  Tapler Chamber	ealth prof (The	essionals approved
Date	nature of examinee:  e (day/month/year):  nessed by: (Signature)  DR. MD. AYUBUR RAHMAN  MR. AYUBUR RAHMAN		
Date and contact details for previous medical rexamination (if know):  10, Agrabad C/A, Chittagong.  Regn. No. A-11820			