

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		
36. Have you ever been hospitalized?		
37. Have you ever been declared unfit for sea duty?		4
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?		
41. Are you allergic to any medications?		
Comments.		
Fit For Duty on Board Ship	3.	
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).	,	
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I hereby certify that the personal declaration above is a true statement to the best of notice of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) I hereby authorize the release of all the challenges authorities to Dr. M.B. S. P.G. T (Modicine) Taher Chamber I hereby authorize the release of all the challenges authorities to Dr. M.B. S. P.G. T (Modicine) Regn. No. A-11820 DR. MD. AVUBUR RAHMAN DR. MD. AVUBUR RAHM	alth pro	