	TITLE:- PRE-JOINING MEDICAL EXAMINATION	Issue No	00
	REPORT/CERTIFICATE	Page No	4 of 6
2 8 - 2 8 - 2	Appendix 1 Medical Exam Form CONFIDENTIAL FORM		
Additional quest	ions	Va	No
35. Have vou ev	er been signed off as sick or repatriated from a ship?	Yes	No
•	ver been hospitalized?		R
	er been declared unfit for sea duty?		F
-	edical certificate ever been restricted or revoked?		R
	are that you have any medical problems, diseases or illnes	ses?	R
-	healthy and fit to perform the duties of your designated		- <u> </u>
÷	rgic to any medications?		Ľ
Comments.	and a second		
	Fit For Duty on Board Ship		
			Constant of South States
42. Are you takin	ng any non-prescription or prescription medications?		V
from plance list t	he mediestices taken and the survey of a state of ()		· · · ·
il yes, please list t	he medications taken and the purpose(s) and dosage(s).		
			e Receive transferration
hereby certify the	at the personal declaration above is a true statement to the	e best of my kno	wledge.
hereby certify the Signature of exam	TA.	e best of my kno	wledge.
Signature of exam Date (day/month/y	vear): <u>24 OCT</u> /2021	e best of my kno	wledge.
Signature of exam Date (day/month/y Witnessed by: (Sig	vinee: year):2 4 OCT /2021 gnature)	e best of my kno	wledge.
Signature of exam Date (day/month/y Witnessed by: <i>(Sig</i> Name: <i>(Typed or p</i>	vear): 24 OCT /2021 gnature) 24 OCT /2021 printed) 00 AYUBUR RAHMAN		
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Signature of exam Date (day/month/y Witnessed by: <i>(Sig</i> Name: <i>(Typed or p</i> hereby authorize health institutions	tinee: year): 24 0CT /2021 gnature) printed) DR. MD. AYUBUR RAHMAN e the release of file. T. (Medicine) and public, authorities to Degong. Br. MO. A YUBOR	n any health pro	
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