

## 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?		0
37. Have you ever been declared unfit for sea duty?		
38. Has your medical certificate ever been restricted or revoked?		D'
39. Are you aware that you have any medical problems, diseases or illnesses?		9
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	U	
41. Are you allergic to any medications?		9
Comments.		
Fit For Duty on Board Ship		
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42. Are you taking any non-prescription or prescription medications?		9
If yes, please list the medications taken and the purpose(s) and dosage(s).		
		Management of the state of the
I hereby certify that the personal declaration above is a true statement to the best of my	knowl	edge.
Signature of examinee:     Manage	Market and the later of the lat	All marks are supported
Date (day/month/year): 2 0 JUN 2023/ Witnessed by: (Signature)		
Name: (Typed or printed) DR. MD. AYUBUE RAHMAN.		
I hereby authorize the release and public authorities to 2Dr. Market previous medical records from any health health institutions and public authorities to 2Dr. Market RAHWENT (The medical examiner).	profes	ssionals, pproved
· / /		
Signature of examinee:  Date (day/month/year):  2 0 JUN 2023 /		-
Witnessed by: (Signature)		
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN		permission de la company de la
Date and contact details for previous paedical rexamination (if know):  10, Agrabad C/A, Chittagong.	ME COMMENCE OF THE PERSON	Non-translation