

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

00 Issue No 4 of 6 Page No

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?		4
36. Have you ever been hospitalized?		9
37. Have you ever been declared unfit for sea duty?		
38. Has your medical certificate ever been restricted or revoked?		U
39. Are you aware that you have any medical problems, diseases or illnesses?		4
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	V	
41. Are you allergic to any medications?		V
Comments.		
Fit For Duty on Board Ship		
42. Are you taking any non-prescription or prescription medications?		
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 knov	vledge.
Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) N.B.B.S. P.G.T (Medicine) I hereby authorize the release Topical Phanty of Previous medical records from any he health institutions and public authorities to Dr. M. A. C. B. L. B.	ealth prot	
Date and contact details for previous and G/A, Chiltagong. 10, Agrabad G/A, Chiltagong. Regn. No. A-11820		

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012