

## 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?		4
36. Have you ever been hospitalized?		O C
37. Have you ever been declared unfit for sea duty?		9
38. Has your medical certificate ever been restricted or revoked?		
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?	9	
41. Are you allergic to any medications?		9
Comments.		
Fit For Duty on Board Ship		2 (March 1997)
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	knowi	edge
Signature of examinee:  Date (day/month/year):  12 DEC 2020	Harris Marian Control	Constitution of the Consti
Witnessed by: (Signature)		
Name: (Typed or printed)  DR. MD. AYUBUR RAHMAN  M.B.B.S; P.G.T (Medicine)		
I hereby authorize the release of the chamber that the release of the rel	ı profe	ssionals.
health institutions and public authorities to Dr. Mo. Ayo BUTE RATIONAL (T	he a	approved
medical examiner).		
Signature of examinee: Tayes		
Date (day/month/year): 12 0 EC 2020		
Witnessed by: (Signature)		
Name: (Typed or printed)  DR. MD. AYUBUR Natione)  M.B.B.S. P.B.T. (Madicine)  M.B.B.S. Chamber		
Date and contact details for previous her champer (if know):  10, Agraba (in		