

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?	Ves	No.
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?		4
39.	Are you aware that you have any medical problems, diseases or illnesses?		Y
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41.	Are you allergic to any medications?		P
Con	- O		1
Con	nments.		
	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).			
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I hereby certify that the personal declaration above is a true statement to the best of my knowledge.			
Signature of examinee: VIneAlm			
Date (day/month/year): 1 3/FEB 2022 /			
Witnessed by: (Signature)			
Name: (Typed or printed)			
I hereby authorize the release of hall mybridge medical records from any health professionals,			
health institutions and public authorities to the MANANTERMENT (The approved			
medical examiner).			
Signature of examinee: Twe Alm			
Date (day/month/year): 7 FEB 2022			
Witnessed by: (Signature)			
Name: (Typed or printed)			
Date and contact details for previous medical examination (if know):			
10, Agrabad C/A, Chittagong. Regn. No. A-11820			