

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Add	litional questions	Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?		
36.	Have you ever been hospitalized?		U
37.	Have you ever been declared unfit for sea duty?		0
38.	Has your medical certificate ever been restricted or revoked?		M
39.	Are you aware that you have any medical problems, diseases or illnesses?		
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41.	Are you allergic to any medications?		
Comments.			
	Fit For Duty on Board Ship		
. 6			
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: MD MAMUNUR RASHID			
	e (day/month/year):1/6_JUL_2023 nessed by: (Signature)		
	ne: (Typed or printed) DR. MD. AYUBUK RAHMAN M.B.B.S; P.G.T (Medicine)		
I hereby authorize the release good all in the professionals health institutions and public authorities to Dr. MD A FURUR RAHMAN (The approve medical examiner).			
Sign	nature of examinee:	Normal Angles (September 1988)	
Date (day/month/year): 1/6 JUL 2023			
	nessed by: (Signature) \(\sum \mathbb{N} \) ne: (Typed or printed) \(\text{DR. MD. AVUBUR RAHMAN} \) OR. MD. AVUBUR RAHMAN OR. T. (Madicine)		parameter and the second secon
	e and contact details for previous medical (A. Chittagon) ination (if know):		
	10, Agrabad C/A, Chillagung. Regn. No. A-11820		