

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?		OY
37.	Have you ever been declared unfit for sea duty?		W
38.	Has your medical certificate ever been restricted or revoked?		M
39.	Are you aware that you have any medical problems, diseases or illnesses?		M
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Y	
41.	Are you allergic to any medications?		V
r			
Comments.			
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		V
If yes, please list the medications taken and the purpose(s) and dosage(s).			
y and disagge(s).			
			MARKET STATE OF THE STATE OF TH
I hereby certify that the personal declaration above is a true statement to the best of my knowledge.			
Signature of examinee: V Mishell			
Date (day/month/year): 0 1/ FEB 2023/			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUS RAHMAN			
M.B.B.S; P.G.T (Medicine) I hereby authorize the release laffes Whenkebravious modical records from any health professionals.			
I hereby authorize the release Toffer Illiand CA. Chitagorijous medical records from any health professionals, health institutions and public authorities to Dr. MD MYUBUR RAHMAN (The approved			
medical examiner).			
Cian	Andrew Control of the South		
	ature of examinee: (day/month/year): 1 FEB 2023		
	essed by: (Signature)		
Name: (Typed or printed)			
Date and contact details for previous medical examination (if know):			
Taher Chamber 10, Agrabad C/A, Chittagong, Rean, No. A-11820			