

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?		4
37	Have you ever been declared unfit for sea duty?		9
38.	Has your medical certificate ever been restricted or revoked?		4
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?		
41.	Are you allergic to any medications?		
Comments.			
	Fit For Duty on Board Ship		
*	The Following State of the Stat		
42.	Are you taking any non-prescription or prescription medications?		日
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 knowledge.			
Signature of examinee:			
Date (day/month/year): 2 3/ MAR 2023 / Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN			
M.B.B.S: P.G.T (Medicine) Taher Chamber I hereby authorize the releaserable advants in professionals and the releaserable advants in the releaserable advants in the releaserable advants in the releaserable advants in the releaserable and			
health institutions and public authorities 18 Dr. Ms Ayobor LAHWA (The approve			
medical examiner).			
Signature of examinee:			
Date (day/month/year): 2 3 MAR 2023			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B. P.O.T (Medicine) Date and contact details for province of the experiment of the ex			
Date and contact details for previous medical examination (if know): 10, Agrabad C/A, Allagon Management (if know): Regn. No. A-11820			