

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?		四一
36.	Have you ever been hospitalized?		四
37.	Have you ever been declared unfit for sea duty?		巴
38.	Has your medical certificate ever been restricted or revoked?		U
39.	Are you aware that you have any medical problems, diseases or illnesses?		P
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41.	Are you allergic to any medications?		0
Comments.			
	Fig. F. Duty on Poord Ship		*
. 49	Fit For Duty on Board Ship		
N 15			
42.	Are you taking any non-prescription or prescription medications?		<u>U</u>
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): 170 FEB 2024			
Witnessed by: (Signature) Name: (Typed or printed)M.B.B.S. P.S. I (Medicine)			
I hereby authorize the release of all my previous medical records from any health professionals health institutions and public authorities to Dr. MANAGOR RAHMAN (The approved			
medical examiner).			
Signature of examinee:			
Date (day/month/year):1/0_FEB 2024			
	nessed by: (Signature) DR. MD. Ayubur Re me: (Typed or printed) DR. MD. Ayubur Re M.B.B.S. P.G.T (Med	inman licine)	
Name: (Typed or printed) Date and contact details for previous medical examination (if know) Agrabad C/A, Chittagong AND APPROVED BY			
	DG Shipping Govt. of Banglade		