

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized? 37. Have you ever been declared unfit for sea duty? 38. Has your medical certificate ever been restricted or revoked? 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? 42. Are you taking any non-prescription or prescription medications? 43. If yes, please list the medications taken and the purpose(s) and dosage(s). 44. In the personal declaration above is a true statement to the best of my knowledge. Signature of examinee: Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Date (Typed or printed) Date (Typed or printed) M.B.S. P.G.T. (Medicine) Name: (Typed or printed) M.B.S. P.G.T. (Medicine) Name: (Typed or printed) Hereby authorize the release of rath my previous medical records from any health professionals.	Additional questions	Yes No
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