

## TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions		* 7	
35. Have you ever been signed off as sick or repatriated from a ship?		Yes	No
36. Have you ever been hospitalized?			
37. Have you ever been declared unfit for sea duty?			O
38. Has your medical certificate ever been restricted or revoked?			9
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?	.0	9	
41. Are you allergic to any medications?			
Comments.			
Fit For Duty on Board Ship			
42. Are you taking any non-prescription or prescription medications?			Ü
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	of my	know	ledge.
Signature of examinee:			**************************************
Date (day/month/year):1/1_MAY 2023			
Witnessed by: (Signature)	HARMONIA CONTRACTOR	ensolvenice envelopes between	exercises characters.
Name: (Typed or printed)  OR MD. AYUBUR RAHMAN  M.B.B.S; P.G.T (Medicine)		MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND	
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Date (day/month/year):1 1 MAY 2023/			
Name: (Typed or printed)  DR. MD. AYUBUR RAHMAN  DR. MD. AYUBUR RAHMAN  DR. MD. AYUBUR RAHMAN		***************************************	amento de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania de la compania del la compania d
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Date and contact details for previous in edical examination (if know):  10. Agraba dical examination (if know):  Regn. No. A-11820			