

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No 00 Page No 4 of 6

Appendix 1 Medical Exam Form **CONFIDENTIAL FORM**

Ado	litional questions		
35. 36.	Have you ever been signed off as sick or repatriated from a ship?	Yes	No S
	Have you ever been hospitalized?	Ц	<u>U</u>
37.	Have you ever been declared unfit for sea duty?		
38.	Has your medical certificate ever been restricted or revoked?	Ц	4
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?		
Comments.			
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		
III ye	s, 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): Witnessed by: (Signature) Name: (Typed or printed) DR MD. AYUBURAHMAN M.B.B.S.: P.G.T. (Medicine) I hereby authorize the release of th			
Date Witn Name	ature of examinee: (day/month/year): (day/month/year): (day/month/year): (signature) (examinee: (Typed or printed) DR. MD. AYUBUR BAHMAN and contact details for previous in Edital Examination (if know): 10, Agrabad C/A, Chittagong. 10, Agrabad C/A, Chittagong.		<u> </u>