

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?		9
37.	Have you ever been declared unfit for sea duty?		9
38.	Has your medical certificate ever been restricted or revoked?		0
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		
42.	Are you taking any non-prescription or prescription medications?		
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): Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taber Chamber I hereby authorize the release grota ald Anymprovious medical records from any health professionals health institutions and public authorities to Br. Man Ayubur Rahman (The approved medical examiner).			
Signature of examinee: Date (day/month/year): 10 AUG 2022/			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN DR. MD. AYUBUR RAHMAN DR. MD. AYUBUR RAHMAN			
Date and contact details for previous medical examination (if know): 10, Agrabad C/A. Childagong. Regn. No. A-11820			