

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No 00 4 of 6 Page No

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?		
36. Have you ever been hospitalized?		4
37. Have you ever been declared unfit for sea duty?		9
38. Has your medical certificate ever been restricted or revoked?		V
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.	(a	
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	f my know	/ledge.
Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) M.B.B.S.; R.G.T (Medicina) M.B.B.S.; R.G.T (Medicina) M.B.B.S.; R.G.T (Medicina)		
I hereby authorize the release attendities to Dr. M.B. S. P.G. T (Medicine) I hereby authorize the release attendition of the properties to Dr. M. A. Tillow M. Tillow M. A. Tillow M. A. Tillow M. A. Tillow M. A. Tillow M. Tillow M. A. Tillow M. Tillow	ealth prof _(The	approved
Signature of examinee:		
Date (day/month/year): 0 FEB 2022/		
Witnessed by: (Signature) Name: (Typed or printed) OB. MD. AYUBUR RAHMAN OB. MD. AYUBUR RAHMAN		
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10, Agrabad C/A, Chittagong. Regn. No. A-11820		