

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

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

<ul> <li>Additional questions</li> <li>35. Have you ever been signed off as sick or repatriated from a ship?</li> <li>36. Have you ever been hospitalized?</li> <li>37. Have you ever been declared unfit for sea duty?</li> <li>38. Has your medical certificate ever been restricted or revoked?</li> <li>39. Are you aware that you have any medical problems, diseases or illnesses?</li> <li>40. Do you feel healthy and fit to perform the duties of your designated position/occupation?</li> <li>41. Are you allergic to any medications?</li> </ul>	Yes No
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.C. T (Modicine)  Taher Chamber  I hereby authorize the release of ball (MY Green of the control	ealth professionals
health institutions and public authorities to Dr. Mo. Ayour RAMPIENT medical examiner).	(The approved
Signature of examinee:  Date (day/month/year):  Witnessed by: (Signature)	
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B.S. P.G. I (Medicine)	
Date and contact details for previous medical examination (if know):  10, Agrabad C/A, Chittagong.  Regn. No. A-11820	