

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form
CONFIDENTIAL FORM

Ado	ditional questions			
35. 36. 37. 38. 39. 40.	Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalized? Have you ever been declared unfit for sea duty? Have your medical certificate ever been restricted or revoked? Are you aware that you have any medical problems, diseases or illnesses? Do you feel healthy and fit to perform the duties of your designated		Yes	No C
41.	Are you allergic to any medications?			
Com	Fit For Duty on Board Ship			
	Are you taking any non-prescription or prescription medications?			
II yes	s, please list the medications taken and the purpose(s) and dosage(s).			
Signa Date (Witner Name I here health medic Signat Date (Witner Name:	ture of examinee: (day/month/year): DEC 2021 DESSENCE OF PRINTED AND AYUNG RAHMAN M.B.B.S. P.G.T (Medicine) M.B.B.S. P.G. (Medicine)		rofess	ionals,
41. Are you allergic to any medications? Comments.				