

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

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Add	litional questions	Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?		0
36.	Have you ever been hospitalized?		9
37.	Have you ever been declared unfit for sea duty?		0
38.	Has your medical certificate ever been restricted or revoked?		9
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?		
Con	nments.		
=	Eit For Duty on Board Ship		5
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		
If ye	es, please list the medications taken and the purpose(s) and dosage(s).		
			,
I he	reby certify that the personal declaration above is a true statement to the best of	my knov	wledge.
Sign	nature of examinee:	1	_
	e (day/month/year): 1 MAR 2872		
	nessed by: (Signature)  DR. MESBÄH UDDIN AHMED  DR. MESBÄH UDDIN AHMED		=
	M.B.B.S. CCU (MEDICAL CONSOLUTION)		
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_	nature of examinee: 0 1 MAR 2022		-
	e (day/month/year)://		
	nessed by: (Signature) ne: (Typed or printed) DR. MESBAH UDDIN AHMED		
Date	ne: (Typed or printed)  DR. MESBAH UDDIN AHMED  M.B.B.S. CCD (MEDICAL CONSULTANT)  e and contact details for previous medical examination (if know):		
Dun	SK, MUJIB ROAD, AGRABAD C/A, CHITTAGONG REGN. NO24912		
www.			