

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

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Appendix 1 Medical Exam Form

Addition	nal questions CONFIDENTIAL FOR	M
<ul> <li>35. Hav</li> <li>36. Hav</li> <li>37. Hav</li> <li>38. Has</li> <li>39. Are</li> <li>40. Do y</li> <li>posit</li> </ul>	ve you ever been signed off as sick or repatriated from you ever been hospitalized?  ve you ever been declared unfit for sea duty?  syour medical certificate ever been restricted or revyou aware that you have any medical problems, disyour feel healthy and fit to perform the duties of you tion/occupation?  you allergic to any medications?	om a ship?  Yes No  Omega ship?
	Fit For Duty on Board	
If yes, please	se list the medications taken and the purpose(s) and	dosage(s).
Signature of Date (day/mo Witnessed by Name: (Typed I hereby authhealth institut medical exam Signature of e Date (day/mo Witnessed by: Name: (Typed I health institut medical exam I heal	y: (Signature)  pd or printed)  DR. MD. AYUBUR RAHMAN  Thorize the release and all amore previous medical restrictions and public antificient of the printer of	ccords from any health professionals,  CRAHMAN, (The approved