

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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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?		M
36.	Have you ever been hospitalized?		M
37.	Have you ever been declared unfit for sea duty?		\checkmark
38.	Has your medical certificate ever been restricted or revoked?		V
39.	Are you aware that you have any medical problems, diseases or illnesses?		V
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Y	
41.	Are you allergic to any medications?		Y
Comments.			
₩.	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		Y
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: \square Al amount			
Date (day/month/year):			
Witnessed by: (Signature) Name: (Typed or printed) M.B.B.S. P.G.T (Medicine)			
10, Agrabad C/A, Chittagong			
I hereby authorize the release of all the professionals, health institutions and public authorities to ping Mo AYUBUR, RAHMAN (The approved medical examiner).			
as Alou			
_	nature of examinee: e (day/month/year): 3 1 0CT 2023/		
Witnessed by: (Signature)			
Nar	me: (Typed or printed) DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine)		
Date and contact details for previous medical examination (if know): BMOC Reg No: A-11820 AND APPROVED BY DG Shipping			