

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

Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Additional	questions	
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	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		V
36. Have you ever been hospitalized?		Y
37. Have you ever been declared unfit for sea duty?		4
38. Has your medical certificate ever been restricted or revoked?		Y
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?	M	
41. Are you allergic to any medications?		V
Comments.		
Fit For Duty on Board Ship		÷
]
42. Are you taking any non-prescription or prescription medications?		F
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 know	ledge.
Signature of examinee: VAlue		
Date (day/month/year):2 9/ APR 2024 /		
Witnessed by: (Signature)		
M.B.B.S, P.G.T (Medicine)	alth prof.	acional
health institutions and public authorities to De Shipping	_(The	approve
medical examiner). Govt. of Bangladesh		
Signature of examinee: Date (day/month/year): 2 9 APR 2024 /		
Witnessed by: (Signature)	i	
Name (Typed or printed) DB. MD. Ayubur Rahman		12
Date and contact details for previous medical examination (if know): BMDC Reg. No. A-11820 AND APPROVED BY		
DG Shipping Govt, of Bangladesh		

(CONTROLLED DOCUMENT) Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012