

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

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## Appendix 1 Medical Exam Form

Additional questions CONFIDENTIAL FORM			
35.	Have you ever been signed off as sick or repatriated from a ship?	Yes	No
36.	Have you ever been hospitalized?		T T
37.	Have you ever been declared unfit for sea duty?		F
38.	Has your medical certificate ever been restricted or revoked?		19
39.	Are you aware that you have any medical problems, diseases or illnesses?		19
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	T	
41.	Are you allergic to any medications?		R
	Ø		
Com	ments.		
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		P
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:			
Date (day/month/year): 0 5 APR 2022			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B.S: P.G.T (Medicine)			
I hereby authorize the release shall any interactions medical records from any health professionals,			
nearth institutions and public authorities to Br. Mo. Ayu Borr, KHHMUHN (The approved			
medical examiner).			
Signat	ture of examinee:		
Date (day/month/year):			
W/itno	seed by (Cignature)		

Witnessed by: (Signature) Name: (Typed or printed) Date and contact details for previous medical examination (if know): 10, Agrabad C/A, Chittagong, Regn. No. A-11820

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012

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