

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

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Add	itional questions		
35.	Have you ever been signed off as sick or repatriated from a ship?	Yes	No Ly
36.	Have you ever been hospitalized?		P
37.	Have you ever been declared unfit for sea duty?	$\Box$	
38.	Has your medical certificate ever been restricted or revoked?		
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?		
Comments.			
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		
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):   2 AUG 2022			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.S.; P.G.T (Medicine)			
I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mb. AYUBUR RAHMAN (The approved medical examiner).			
Signature of examinee:			
Date (day/month/year): 22 AUG 2022			
Witnessed by: (Signature)  Name: (Typed or printed)  DR. MD. AYUBUR RAHMAN  DR. MD. AYUBUR RAHMAN			
Name: (Typed or printed)  OR. MD. AYOBUR RATING  Date and context details for M.B.B.S. R.C.T (Medicine)  M.B.B.S. R.C.T (Medicine)			
Date and contact details for previous medical or previous medical			