

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

00 Issue No Page No 4 of 6

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?		
36. Have you ever been hospitalized?		
37. Have you ever been declared unfit for sea duty?		
38. Has your medical certificate ever been restricted or revoked?		
39. Are you aware that you have any medical problems, diseases or illnesses?		M
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?		V
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):		
Name: (Typed or printed) DR. MD. AYUBUK RAHMAN		
M.B.S. P.G.T (Medicine)  I hereby authorize the release grabal Chychineses medical records from any house the release grabal Chychineses and a contract of the	nealth prof	essionals.
health institutions and public authorities to 10120 MB, 440BUR RAHMON	_(The	approved
medical examiner).		
Signature of examinee:		
Date (day/month/year): 15/EEB 2023/		
Witnessed by: (Signature)		
Name: (Typed or printed)  OR. MD. AYUBUK RAHMAN  M.B.B.S. P.O.T (Medicine)		
Date and contact details for previous hardical examination (if know):  10, Agrabad C/A, Chittagong.  Regn. No. A-11820		