



**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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. Have you ever been hospitalized? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Has your medical certificate ever been restricted or revoked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you allergic to any medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: *✓ Nayem Uffin*
 Date (day/month/year): 04 APR 2024/
 Witnessed by: (Signature) *[Signature]*
 Name: (Typed or printed) DR. MD. Ayubur Rahman
M.B.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. MD. AYUBUR RAHMAN (The approved medical examiner).
10, Agrabad C/A, Chittagong
 AND APPROVED BY
 Govt. of Bangladesh

Signature of examinee: *✓ Nayem Uffin*
 Date (day/month/year): 04 APR 2024/
 Witnessed by: (Signature) *[Signature]*
 Name: (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): 10, Agrabad C/A, Chittagong
BMDC Reg. No. A-11820
 AND APPROVED BY
 DG Shipping
 Govt. of Bangladesh