



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

Issue No 00
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? | <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: ☒
Date (day/month/year): 16 AUG 2022
Witnessed by: (Signature) [Signature]
Name: (Typed or printed) _____

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).

Signature of examinee: ☒
Date (day/month/year): 16 AUG 2022
Witnessed by: (Signature) [Signature]
Name: (Typed or printed) _____
Date and contact details for previous medical examination (if know): _____

DR. MD. AYUBUR RAHMAN
M.B.B.S., P.O.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

(CONTROLLED DOCUMENT)