

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form **CONFIDENTIAL FORM**

Auc	antional questions		
35.	Have you ever been signed off as sick or repatriated from a ship?	Yes	No
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?		
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41.	Are you allergic to any medications?		U
Comments.			
	Fit For Duty on Board Ship	Les.	
42.	Are you taking any non-prescription or prescription medications?		
If yes, please list the medications taken and the purpose(s) and dosage(s).			
	To provide and doodage (o).		
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): Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AYUBUR RAHMAN M.B.B. S. P. G. T. (Medicine). Hereby authorize the release role above in the previous medical records from any health professionals, health institutions and public and the professionals approved medical examiner). Signature of examinee: Date (day/month/year): Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AYUBUR RAHMAN Date and contact details for previous fine dieal examination (if know): Taker Chamber 10, Agrabad C/A, Chittagong.			