

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form
CONFIDENTIAL FORM

Add	litional 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?		9
38.	Has your medical certificate ever been restricted or revoked?		9
39.	Are you aware that you have any medical problems, diseases or illnesses?		V
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	9	
41.	Are you allergic to any medications?		d
Con	nments.		
	Fit For Duty on Board Ship		
42.	Are you taking any non-prescription or prescription medications?		d
If ye	es, please list the medications taken and the purpose(s) and dosage(s).		
I her	reby certify that the personal declaration above is a true statement to the best of my	know	ledge.
Date With Nam I healt healt	ature of examinee: (day/month/year): (day/month/year): (DA_DEC_2022/ nessed by: (Signature) DR. MD. AYUBUR RAHMAN reby authorize the release; of Mainter previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions and public authorities to the previous medical records from any health institutions are previous medical records from any health institution are previous medical records from a previous medical records from a previous m		essional
Date Witr Nam	ature of examinee: Provid Del (day/month/year):		