

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions Yes No				No
35.	Have you ever been signed off as sick or repatriated from a ship?			4
36.	Have you ever been hospitalized?			9
37.	Have you ever been declared unfit for sea duty?			4
38.	Has your medical certificate ever been restricted or revoked?			4
39.	Are you aware that you have any medical problems, diseases or illnesses?			9
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	.0		
41.	Are you allergic to any medications?		Ш	
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): Witnessed by: (Signature) Name: (Typed or printed) DR. MD. AY (BUR RAHMAN M.B.B.S. P.O.T (Modicina) Taher Chamber Tahe				
	itnessed by: (Signature)			
N	ame: (Typed or printed) DR. MD. AYUBUR RAHMAN			
D	ate and contact details for previous medicalex amination (if know): 10, Agrabad C/A, Chittagong. Regn. No. A-11820			