

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

| Add | litional questions | Yes | No |
|---|--|--------------|----------------------|
| 35. | Have you ever been signed off as sick or repatriated from a ship? | | 4 |
| 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? | | |
| 39. | Are you aware that you have any medical problems, diseases or illnesses? | | y |
| 40. | Do you feel healthy and fit to perform the duties of your designated position/occupation? | | |
| 41. | Are you allergic to any medications? | | |
| Con | nments. | | |
| | 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). | | | |
| | | | ú |
| I he | reby certify that the personal declaration above is a true statement to the best | of my know | ledge. |
| Date Wit Nan | nature of examinee: e (day/month/year): nessed by: (Signature) ne: (Typed or printed) DR. MD. AYUBUR RAHMAN DR. MD. AYUBUR RAHMAN | | |
| hea | ereby authorize the release re | health profe | essionals approve |
| Dat Wit Nar | nature of examinee: e (day/month/year): nessed by: (Signature) ne: (Typed or printed) DR. MD. AYUBUR RAHMAN e and contact details for previous medicale examination (if know): 10, Agrabad CA, Chittagong. Regan No. A-11820 | | |