

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form **CONFIDENTIAL FORM**

Additional questions			
35.	Have you ever been signed off as sick or repatriated from a ship?	Yes	No
36.	Have you ever been hospitalized?		V
37.	Have you ever been declared unfit for sea duty?		V
38.	Has your medical certificate ever been restricted or revoked?		U,
39.	Are you aware that you have any medical problems, diseases or illnesses?		M
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Y	
41.	Are you allergic to any medications?		
Comments.			
. 47	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):1/2 MAR 2023 Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUK RAHMAN			
	M.B.B.S; P.G.T (Medicine)		
I hereby authorize the release Taher Ghamber previous medical records from any health professionals health institutions and public authorities 1820r. MD. AYUBUR KAHMAN (The approved			
medical examiner).			
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Signature of examinee: Date (day/month/year): 1 2 MAR 2023 /			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. AYUBUR RAHMAN			
Date and contact details for previous medical examination (if know): 10, Agrabad C/A, Chittagong. Regn. No. A-11820			