

## TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

00 Issue No 4 of 6 Page No

Appendix 1 Medical Exam Form **CONFIDENTIAL FORM** 

35. 36. 37. 38. 39.	Have you ever been signed off as sick or repatriated from a ship?  Have you ever been hospitalized?  Have you ever been declared unfit for sea duty?  Has your medical certificate ever been restricted or revoked?  Are you aware that you have any medical problems, diseases or illnesses?	Yes	
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41.	Are you allergic to any medications?	Ш	
Com	Fit For Duty on Board Ship	v-e	
42.	Are you taking any non-prescription or prescription medications?		
If ye	s, 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. AYUBUR RAHMAN  DR. MD. AYUBUR RAHMAN  M.B.B.S. P.G.T (Medicine)  M.B.B.S. P.G.T (Medicine)			
I hereby authorize the release of all my pressions medical records from any health professionals, health institutions and public authorities to Dr. Ho. Ay UBUR RAHMAN (The approved medical examiner).			
Date Witn Nam	tature of examinee:  (day/month/year):  (e) (day/month/year):  (nessed by: (Signature)  (nessed		