

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

00 Issue No Page No 4 of 6

Appendix 1 Medical Exam Form **CONFIDENTIAL FORM**

Additional questions	\$7 \$1
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?	
38. Has your medical certificate ever been restricted or revoked?	
39. Are you aware that you have any medical problems, diseases or illnesses?	
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	
41. Are you allergic to any medications?	
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	of my knowledge.
Signature of examinee: \[\square \frac{74800}{24800} \]	
Date (day/month/year): 1/2 MAR 2024 Witnessed by: (Signature)	rubur Rahman G.T (Medicine) Chamber,
Name: (Typed or printed) 10. Agrabad BMDC Res	C/A, Chittagong C/A, Chittagong J. No. A-11820
I hereby authorize the release of all my previous medical records from any l	and a raid Cl
health institutions and public authorities to Dr. Monayurum	(The approved
medical examiner).	
Signature of examinee: Date (day/month/year): V TRAN 2024	
Witnessed by: (Signature)	i .
Name: (Typed or printed) DR. MD. Ayub M.B.B.S. P.G.T	(Medicine)
Date and contact details for previous medical examination (if know): Agrabad C/A	
DG Ship Govt. of Bar	obine