

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

Issue No 00 Page No 4 of 6

Appendix 1 Medical Exam Form

Additi	ional questions CONFIDENTIAL FORM		
36. H 37. H 38. H 39. A 40. D	lave you ever been signed off as sick or repatriated from a ship? lave you ever been hospitalized? lave you ever been declared unfit for sea duty? las your medical certificate ever been restricted or revoked?  are you aware that you have any medical problems, diseases or illnesses?  yo you feel healthy and fit to perform the duties of your designated osition/occupation?  re you allergic to any medications?	Yes	
Comme	ents.		
	Fit For Duty on Board Ship		
42. Aı	re you taking any non-prescription or prescription medications?		V
If yes, p	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)  M.B.B.S. P.G.T (Medicine)  I hereby authorize the release Taips Manager December 1 (Medicine)  I hereby authorize the release Taips Manager December 1 (Medicine)  I hereby authorize the release Taips Manager December 1 (Medicine)  I hereby authorize the release Taips Manager December 1 (Medicine)  Signature of examinee:  Date (day/month/year):  Witnessed by: (Signature)  Name: (Typed or printed)  DR MD AYUBUR RAHMAN  Date and contact details for previous in Signature (if know):  10, Agrabad CA. Chittagong,  Regn. No. A-11820			