

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

00 Issue No Page No 4 of 6

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?		M
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?		V
39.	Are you aware that you have any medical problems, diseases or illnesses?		V
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	V	
41.	Are you allergic to any medications?		V
Con	nments.		
Con			
	Fit For Duty on Board Ship		
. 4)			
42.	Are you taking any non-prescription or prescription medications?		V
If yes, please list the medications taken and the purpose(s) and dosage(s).			
			2
I hereby certify that the personal declaration above is a true statement to the best of my knowledge.			
Signature of examinee: Vhlm			
Date (day/month/year): 2 9 OCT 2023/			
Witnessed by: (Signature)			
Name: (Typed or printed) DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine) Taher Chamber,			
I hereby authorize the release of all my previous medical records from any health professional health institutions and public authorities to Dream Ayobok Rouman (The approve medical examiner).			
Signature of examinee: Vhlam			
Date (day/month/year): 2 9 OCT 2023/			
Witnessed by: (Signature) Name: (Typed or printed) DR. MD. Ayubur Rahman			
Tobal (Wedleme)			
Date and contact details for previous medical examination (if know). Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping			
-	DG Shipp Govt, of Bang	ina	