**DECLARATION OF PERSONAL MEDICAL PRESCRIPTION**

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| **Vessel:** |  |  | **Date:** |  |
| **Name of Seafarer:** |  |  | **Rank:** |  |

The form is used for seafarer to declare any personal medicine carry on board and/or used during his/her tenure.

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| **Name of Medicine** | **Type of Treatments** |
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| Seafarer’s Signature: |  | Date : |  |

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| Medical Officer : |  | Master: |  |
|  | Signature |  | Signature |