PRIME TANKER PRIME GAS

MAN/AGENT 005 PRO/PRO 21 Issue Date: 28/02/23 Authorized by: COO

## OFFICIAL DECLARATION OF PERSONAL MEDICATION ON PRESCRIPTION

CREW NAME:	Rank:			DATE:		
The undersigned representative of the Medical Clinic declares that the above mentioned Crew Member is receiving the following personal Medication on Prescription:						
Medicine Description	Purpose	Alcohol Content which can result in a BAC over 0.04%  Sedative Substance Content That can result in a Positive Drug Test result or that can affect consciousness		n a Positive Drug that can affect		
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	□ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	□ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		☐ Yes	□ No	☐ Yes	□ No	
		□ Yes	□ No	☐ Yes	□ No	
		□ Yes	□ No	☐ Yes	□ No	

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Name of Clinic Representative :	Signature: