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| Niue Flag adjust | **NIUE SHIP REGISTRY**10 Anson Road #25-15, International Plaza, Singapore 079903Tel: +65 6226-2001 Email:info@niueship.comWebsite: <https://niueship.com> |
| **MEDICAL CHEST INSPECTION & SUPPLY****(FORM MIS)** |

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| **SECTION A – SUPPLY REQUEST** |
| Name and Address of Registered Pharmacist: |
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| Name of Vessel: | Official No.: |
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| Please replenish the medicines and medical stores of the above vessel in consultation with a qualified medical professional, such as the ship’s doctor or medical consultant, or in accordance to Annex I of Marine Circular NMC8.2012 – GUIDANCE ON MEDICAL CARE as applicable to a vessel with the following conditions:Vessel Type: Voyage duration: No. of persons on board:  |
| Name of Master / Owner: | Signature of Master / Owner |
|  |  |
| Date:  |

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| **SECTION B – CERTIFICATE OF INSPECTION** |
| I have inspected the ship’s medical chest and confirm that the contents have been supplied in accordance with Annex I of Marine Circular NMC8.2012 – GUIDANCE ON MEDICAL CARE except for the items listed below.The contents of the medical chest will not expire for the period covered by this certificate. |
| List of items not supplied: |
|  |
| Date of Issuance | :  | Signature and Stamp of Registered Pharmacist |
| Date of Expiry | :  |  |
| Name of Pharmacist | :  |  |
|  |  |
| Title | :  |

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| **NOTE:** SECTION (B) is to be completed by a Registered Pharmacist and this form will be returned to the Master to be retained on board the vessel for verification. |

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