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

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| |  |  | | --- | --- | | **SECTION A – SUPPLY REQUEST** | | | Name and Address of Registered Pharmacist: | | |  | | | Name of Vessel: | Official No.: | |  |  | | 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: | |
| |  |  |  | | --- | --- | --- | | **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 | : |  |  | | --- | | **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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