



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)

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.