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| **Order on a Druggist**Issued in accordance to the World Health Organization (WHO) International Medical Guide |
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| **Part A – Druggist information**Name and Address of Druggist: **Part B – Vessel information**Name of Vessel:  IMO number: Official number:  |
| Please replenish the medicines and medical stores of the above vessel in accordance with Table I / II / III / IV\* as set out in Annex I of Marine Circular No. 3 – 2008 as applicable to a vessel with the following conditions:Vessel type: Voyage duration: No. of persons on board:  |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Master / Owner |
| \*delete as appropriate |

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| **Part C – Certificate verified by registered Pharmacist**I have inspected the ship’s medical chest and have replenished the medicines and medical stores in accordance with the above instructions.I hereby certify that the contents in the ship’s medical chest are in a satisfactory condition and are in accordance with Marine Circular No. 3 – 2008 except for the items listed below.Items not supplied: |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of registered Pharmacist |
| **Part D – Certificate verified by Flag Administration** |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Registration ManagerInternational Maritime Safety Agency of Guyana (IMSAG) |