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| **Order on a Druggist**  Issued in accordance to the World Health Organization (WHO)  International Medical Guide |
| |  |  | | --- | --- | | **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 Manager  International Maritime Safety Agency of Guyana (IMSAG) |