



TUVALU SHIP REGISTRY

Order on a Druggist

Issued in accordance to the World Health Organisation (WHO)
International Medical Guide

PART (A) – ORDER REQUEST

Name and Address of Druggist	
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 Table I as set out in Annex I of Marine Circular MC-2/2007/12/2 as applicable to a vessel with the following conditions:	
Vessel Type : _____	
Voyage duration : _____	
No. of persons on board: _____	
Date	Signature of Master / Owner*

PART (B) – CERTIFICATE

Declaration by Registered Pharmacist	
I have inspected the ship's medical chest and have replenished the medicines and medical supplies in accordance with the above instructions.	
I hereby certify that the contents in the ship's medical chest are in satisfactory condition and are in accordance with Marine Circular MC-2/2007/12/2 except for the items listed below.	
List of Items Not Supplied	
Date	Signature of Registered Pharmacist

Instructions: <ol style="list-style-type: none">1) Reference should always be made to Marine Circular MC-2/2007/12/2.2) PART (B) is to be completed by a registered Pharmacist and thereafter submitted to the Tuvalu Ship Registry by the Master/Owner.3) If the medicines and medical supplies cannot be replenished fully in accordance with Marine Circular MC-2/2007/12/2, then the items that are short supplied need to be listed in PART (B) and the Master should be notified.
--