



# 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 accordance with Table I / II / III / IV / V* as set out in Annex I of Marine Circular No. 19/2007 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 No. 19/2007 except for the items listed below.	
List of Items Not Supplied	
_____	_____
Date	Signature of Registered Pharmacist

**PART (C) - ENDORSEMENT OF CERTIFICATE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
DEPUTY REGISTRAR  
TUVALU SHIP REGISTRY

Instructions:

- 1) Reference should always be made to Marine Circular No. 19/2007.
- 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 No. 19/2007, then the items that are short supplied need to be listed in PART (B) and the Master should be notified.
- 4) This form will be returned to the Master after endorsement by the Tuvalu Ship Registry.