

VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VML-F-71
Rev. 1/14



IMPORTANT: The original of this form is to be kept by the clinic.

Name :		ARBUR	ALI	
		Last Name	First Name	Middle Name
Mailing Address :		mdarborc9567@gmail.com		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
27-09-2003	O+	CHITTAGONG	MV. BRAVE ROYAL	
Medical Certificate No.	Seafarer's Certificate No.		Date:	
	7/34187.		14-11-2023	

Examination	Results of the examination		Examination	Results of the Examination	
	Pass	Fail		Pass	Fail
1. Medical History Questionnaire (attached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Ultrasound examination (presence of gall & kidney stones)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Physical Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Hep B Antigen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Dental Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Hep C Antibodies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Psychological Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. VDRL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Visual Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. HIV Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Color vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Stress Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Audiometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Chest X-ray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Fasting Blood Sugar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. EKG / ECG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Glycosylated Haemoglobin (HbA1c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Urinalysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Liver Function Test (SGPT & SGOT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Fecalalysis (food service/handlers only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Alcohol/Drug Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Complete Blood Count	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Spirometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If failed in any above mentioned examinations, please provide reasons with examination number :

The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination-Acceptance Guidelines.

Name of Medical Clinic:	SABA DIAGNOSTIC CENTER	Signature of Physician
Address of Medical Clinic:	Taher Chamber, 10, Agrabad C/A, Chattogram	
Contact Phone:	02-333313678	 DR. MD. AYUBUR RAHMAN M.B.B.S. - P.O.T (Medicine) Taher Chamber 10, Agrabad C/A, Chattogram. Regn. No. A-11820
Contact Fax:		
Name and Degree of Physician:	DR. MD. Ayubur Rahman M.B.B.S. - P.O.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chattogram BMDC Reg No: A-11820	
Name of Physician's Licensing:	AND APPROVED BY DG Shipping Govt. of Bangladesh	
Date of Issue of Physician's License:	14 NOV 2023	
Date of Examination:		