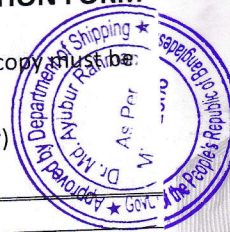




AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM-

IMPORTANT: The original of this form is to be kept by the seafarer. A copy must be kept by the clinic.

Date of Examination: 13 NOV 2024 (dd/mm/yyyy)



Name:		ALAM .		DIDAR	
		Last Name		First Name	
Mailing Address:		SOUTH PATENGA, PATENGA, MODHY PATENGA, CHOWDHURY, 4222, CHATTOGRAM.			
Date of Birth (dd/mm/yyyy)	Blood Type/Group	Place of Birth (City/Country)		Name of Ship/Vessel	
16-08-1986	A+ve	CHATTOGRAM, BD.		MV GREAT ROYAL	
Medical Certificate No.:	07-2024-1550	Seafarer's Certificate No.:		T/34659	

DIDAR

Seafarer's Signature

NOTE: The passing or failure of the medical examinations for the following is based upon the 2019 American Club Pre-Employment Medical Examination Guidelines. All relevant examinations must be completed and recorded below.

Examination	Results of Examination		Examination	Results of Examination	
	Pass	Fail		Pass	Fail
1. Medical History Questionnaire (attached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Ultrasound examination (presence of gall and/or 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. Electro Cardiogram (ECG or EKG)	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Fecalysis (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 of the abovementioned examinations, please provide an explanation for the failure with the associated examination number:

Exam # _____

Exam # _____

Exam # _____

Has medication been prescribed because of this PEME? YES NO If "YES", the American Club PEME Declaration Form MUST BE completed (third page).

Name of Medical Clinic: **SABA DIAGNOSTIC CENTER**

Address of Medical Clinic: **Taher Chamber, 10, Agrabad C/A, Chattogram**

Contact Phone No.: **02-333313678**

Contact Fax No.:

Name and Degree of Physician: **DR. MD. Ayubur Rahman**

Name of Physician's Licensing Body: **M.B.B.S., P.G. I (Medicine), Taher Chamber, 10, Agrabad C/A, Chattogram**

Date of Issue of Physician's License: **23-02-1984**

Date of Completed PEME Examination: **13 NOV 2024**

Expiry Date for PEME: **12 NOV 2026** (cannot be less than one calendar year)

Signature of Physician

DR. MD. Ayubur Rahman
M.B.B.S., P.G. I (Medicine)
Taher Chamber,
10, Agrabad C/A, Chattogram
American Club
BMDC Reg. No. A-11820
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

here



07-2024-1550