

VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VMI-F-71,
Rev. 1/14



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

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|---|----------------------------|---------------------------------|-----------------|-------------|
| Name : | | RAY | DIPON | 01979668239 |
| | | Last Name | First Name | Middle Name |
| Mailing Address : VILL: DOKKIN DACOPE, DACOPE, KALINAGAR BAZAR - 9270, KHULNA | | | | |
| Date of Birth | Blood Group | Place of Birth (City / Country) | Name of Ship | |
| 08-09-1998 | O+ | KHULNA | MV. GREAT ROYAL | |
| Medical Certificate No. | Seafarer's Certificate No. | | | Date: |
| | C10/10954 | | | 23.05.2021 |

Dipon Ray

| 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. 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 above mentioned examinations, please provide reasons with examination number :

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

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| Name of Medical Clinic: | SABA DIAGNOSTIC CENTER Taher Chamber, | Signature of Physician |
| Address of Medical Clinic: | 10, Agrabad C/A, Chittagong Date: 23-05-2021 | |
| Contact Phone: | 031-715678 | DR. MD. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 |
| Contact Fax: | | |
| Name and Degree of Physician: | DR. M. AYUBUR RAHMAN M.B.B.S.; P.G.T. (Medicine) | |
| Name of Physician's Licensing: | SABA DIAGNOSTIC CENTRE TAHER CHAMBER | |
| Date of Issue of Physician's License: | 10 AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984 | |
| Date of Examination: | 23 MAY 2021 | |