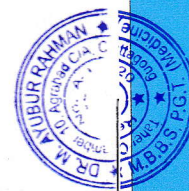


**VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM**

VML-F-71,  
Rev. 1/14



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

Name :		<b>AHAMED .</b>	<b>PAYBAL</b>	-
		Last Name	First Name	Middle Name
Mailing Address :		<b>BARHAMIDPUR, CHAKBAILTOIL, JAMALPUR.</b>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
<b>23-05-2000</b>		<b>JAMALPUR, DD</b>	<b>CREST ROYAL</b>	
Medical Certificate No.	Seafarer's Certificate No.		<b>7/34849</b>	

✓ **paybal**  
Date: **25-07-23**

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 :


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

**SABA DIAGNOSTIC CENTER**

Name of Medical Clinic:	Taher Chamber, 10, Agrabad C/A, Chattogram	Signature of Physician  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S., P.G.T. (Medicine) Officer Seafarer 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Address of Medical Clinic:	Date: .....	
Contact Phone:	<b>02-333313678</b>	
Contact Fax:	<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S., P.G.T. (Medicine)	
Name and Degree of Physician:	<b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER	
Name of Physician's Licensing:	<b>10 AGRABAD C/A, CHITTAGONG.</b> BMDC AND DG SHIPPING GOVT. OF BD	
Date of Issue of Physician's License:	23-02-1984	
Date of Examination:	<b>25 JUL 2023</b>	