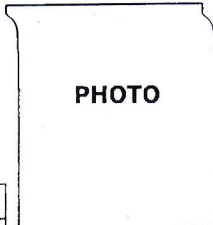




AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM



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

Name :		UDDIN	HELAL	-
		Last Name	First Name	Middle Name
Mailing Address : SOUTH PATENGA, PATENGA. C.T.G.				
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
27-02-1994		C.T.G. B.D.	MV BRAVEROYAL	
Medical Certificate No.				Seafarer's Certificate No. 731388

Seafarer's Signature

Date: 15-06-23

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. 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.

SABA DIAGNOSTIC CENTER

Name of Medical Clinic:	Taher Chamber, 10, Agrabad C/A, Chattogram	Signature of Physician
Address of Medical Clinic:	Date: _____	
Contact Phone:	DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)	 DR. MD. AYUBUR RAHMAN M.B.B.S. (Official Seal) Taher Chamber 10, Agrabad C/A, Chattogram. Reg. No. A-1820 Hologram 9 n 0
Contact Fax:	SABA DIAGNOSTIC CENTRE TAHER CHAMBER	
Name and Degree of Physician:	10, AGRABAD C/A, CHITTAGONG.	
Name of Physician's Licensing:	BMDG AND DG SHIPPING GOVT. OF BD	
Date of Issue of Physician's License:	23-02-1984	
Date of Examination:	15 JUN 2023	