



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM



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

Name: **AZAD KAZIM ASHRAFUL**
 Last Name First Name Middle Name
 Mailing Address: **55/C/13, MITIKATA, DHAKA CANTONMENT, DHAKA**
 Date of Birth: **12-05-1995** Blood Group: **O+** Place of Birth (City / Country): **BRAHMANBARIA** Name of Ship: **ROYAL IMAGE**
 Medical Certificate No. **02-2023-1642** Seafarer's Certificate No. **U019099**

[Signature]
 Date: **28-DEC-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. 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**
 Address of Medical Clinic: **10, Agrabad C/A, Chattogram**
 Contact Phone: **02-333313678**
 Name and Degree of Physician: **DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine)**
 Name of Physician's Licensing: **Taher Chamber, 10, Agrabad C/A, Chattogram**
 Date of Issue of Physician's License: **BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh**
 Date of Examination: **28 DEC 2023**

Signature of Physician: *[Signature]*
DR. MD. Ayubur Rahman
 M.B.B.S., P.G.T (Medicine)
 Taher Chamber, 10, Agrabad C/A, Chattogram
 BMDC Reg No: A-11820
 AND APPROVED BY DG Shipping Govt. of Bangladesh