



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM - 2019

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

Date of Examination: 12 AUG 2024 (dd/mm/yyyy)



Name:	HASAN	MD	KAMRUL
	Last Name	First Name	Middle Name
Mailing Address:	hasan131504@gmail.com 40/1/A - B4, Monemshah road, Azimpur, Dhaka		
Date of Birth (dd/mm/yyyy)	Blood Type/Group	Place of Birth (City/Country)	Name of Ship/Vessel
06/12/1993	O+	KUSHTIA	BRAVE ROYAL
Medical Certificate No.:	04.2024.6831	Seafarer's Certificate No.:	C/O 7177

Md Kamrul Hasan

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 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	Signature of Physician
Address of Medical Clinic:	Taher Chamber, 10, Agrabad C/A, Chattogram	
Contact Phone No.:		 DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg. No. A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh to be placed here
Contact Fax No.:	02-333313678	
Name and Degree of Physician:	DR. MD. Ayubur Rahman	
Name of Physician's Licensing Body:	M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong	
Date of Issue of Physician's License:	23-02-1984	
Date of Completed PEME Examination:	12 AUG 2024	
Expiry Date for PEME:	11 AUG 2026	
(cannot be less than one calendar year)		