



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

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

Date of Examination: 14 MAR 2024 (dd/mm/yyyy)



Name:	<u>HASAN</u>	<u>MD</u>	<u>MAHEDI</u>
	Last Name	First Name	Middle Name
Mailing Address:	<u>170, North Vasantek, Dhaka Cantonment</u>		
Date of Birth (dd/mm/yyyy)	Blood Type/Group	Place of Birth (City/Country)	Name of Ship/Vessel
<u>07/07/1988</u>	<u>A+</u>	<u>PABNA/ BANGLADESH</u>	<u>M.V BRAVE ROYAL</u>
Medical Certificate No.:	Seafarer's Certificate No.:		

Mahedi  
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 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. 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

Address of Medical Clinic: Taher Chamber, 10, Agrabad C/A, Chattogram

Contact Phone No.: 02-333313678

Contact Fax No.:

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

Date of Issue of Physician's License: 14 MAR 2024

Date of Completed PEME Examination: 14 MAR 2024

Expiry Date for PEME: 13 MAR 2026  
(cannot be less than one calendar year)

Signature of Physician

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

American Club Hologram to be placed here