

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 :		Last Name		First Name		Middle Name	
		UDDIN		MD		NAZIM	
Mailing Address : NOAPARA, DAKSHIN KHANG, DHAKA.							
Date of Birth		Blood Group		Place of Birth (City / Country)		Name of Ship	
12/09/1979				DHAKA, BD		MV BRAVEROPOL	
Medical Certificate No.				Seafarer's Certificate No.			
Date: 20/9/2021							

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.

Name of Medical Clinic:		SABA DIAGNOSTIC CENTER Taher Chamber,		Signature of Physician	
Address of Medical Clinic:		10, Agrabad C/A, Chittagong		 DR. MD. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine) Official Seal Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	
Contact Phone:		031-75678			
Contact Fax:		DR. M. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine)			
Name and Degree of Physician:		SABA DIAGNOSTIC CENTRE TAHER CHAMBER			
Name of Physician's Licensing:		10 AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING			
Date of Issue of Physician's License:		GOVT. OF BD 23-02-1984			
Date of Examination:		20 SEP 2021			