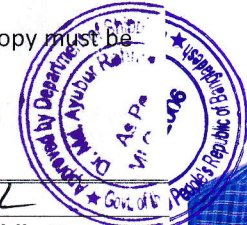




**AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM-**

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

Date of Examination: 13 JUL 2025 (dd/mm/yyyy)



Name:	<u>MONDAL</u>	<u>MD</u>	<u>SAKIL</u>
	Last Name	First Name	Middle Name
Mailing Address:	<u>MIRJAPUR, DEGOR. MATHER HAT. MITHAPURUR. RANGPUR.</u>		
Date of Birth (dd/mm/yyyy)	Blood Type/Group	Place of Birth (City/Country)	Name of Ship/Vessel
<u>20.05.2002</u>		<u>RANGPUR. BD.</u>	<u>MV ROYALIMARE.</u>
Medical Certificate No.:		Seafarer's Certificate No.:	<u>7/33162</u>

*[Signature]*

Seafarer's Signature

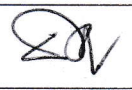
**NOTE:** The passing or failure of the medical examinations for the following is based upon the 2019 American Club Pre-Employment Medical Examination Guidelines. All relevant examinations must be completed and recorded below.

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:	<u>SABA DIAGNOSTIC CENTER</u>	Signature of Physician
Address of Medical Clinic:	<u>Taher Chamber, 10, Agrabad C/A, Chittogram</u>	
Contact Phone No.:	<u>02-333313678</u>	
Contact Fax No.:		
Name and Degree of Physician:	<u>DR. MD Ayubur Rahman</u>	 <u>DR. MD Ayubur Rahman</u> 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
Name of Physician's Licensing Body:	<u>23-02-1984</u>	
Date of Issue of Physician's License:	<u>CHATTOGRAM</u>	
Date of Completed PEME Examination:	<u>13 JUL 2025</u>	
Expiry Date for PEME: (cannot be less than one calendar year)	<u>12 JUL 2027</u>	



07-2025-0908