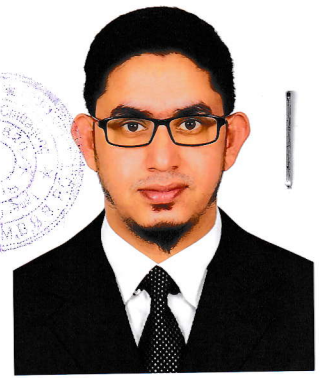
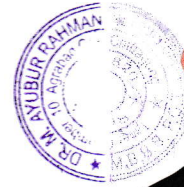


**VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM**

VML-F-71,

Rev. 1/14



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

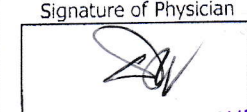
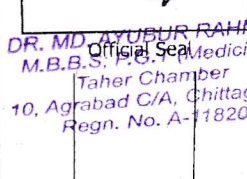
|                         |   |                                 |                         |
|-------------------------|---|---------------------------------|-------------------------|
| Name:                   | <b>BHUIYAN</b>  | <b>MD. SHAIFUL</b>              | <b>ISLAM</b>            |
|                         | Last Name   | First Name                      | Middle Name             |
| Mailing Address:        | <b>Vill. + P.O. Baradenhia, P.S. B-Para, Comilla.</b> |                                 |                         |
| Date of Birth           | Blood Group   | Place of Birth (City / Country) | Name of Ship            |
| <b>15-10-1985</b>       | <b>A+</b>   | <b>Comilla, Bangladesh</b>      | <b>MV. Orzave Royal</b> |
| Medical Certificate No. | Seafarer's Certificate No.                            |                                 | <b>C/15191</b>          |

Date: **08.06.2022**

| 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. Fecalalysis (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:               | <b>SABA DIAGNOSTIC CENTER</b><br>Taher Chamber,<br>10, Agrabad C/A, Chittagong.                              | Signature of Physician<br>   |
| Address of Medical Clinic:            | Date: <b>08 JUN 2022</b><br><b>02-333313678</b>  |   |
| Contact Phone:                        | <b>08 JUN 2022</b>   | <br>DR. MD. AYUBUR RAHMAN<br>M.B.B.S., P.G.T. (Medicine)<br>Taher Chamber<br>10, Agrabad C/A, Chittagong.<br>Regn. No. A-11820 |
| Contact Fax:                          |  |   |
| Name and Degree of Physician:         | <b>DR. MD. Ayubur Rahman</b><br>M.B.B.S., P.G.T. (Medicine)<br>Taher Chamber,<br>10, Agrabad C/A, Chittagong |   |
| Name of Physician's Licensing:        | <b>BMDC Reg No: A-11820</b><br>AND APPROVED BY<br>DG Shipping<br>Govt. of Bangladesh                         |   |
| Date of Issue of Physician's License: | <b>08 JUN 2022</b>   |   |
| Date of Examination:                  | <b>08 JUN 2022</b>   |   |