

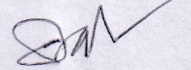
The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination—Acceptance Guidelines.

SABA DIAGNOSTIC CENTER

Name of Medical Clinic:
Address of Medical Clinic:
Contact Phone:
Contact Fax:

Taher Chamber,
10, Agrabad C/A, Chattogram
Date.....

Signature of Physician



Name and Degree of Physician:

DR. M. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
SABA DIAGNOSTIC CENTRE
TAHER CHAMBER
10 AGRABAD C/A, CHITTAGONG,
BMDC AND DG SHIPPING
GOVT. OF BD
23-02-1984

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
Office: Saba Diagnostic Centre
applied. No. A-11820

Name of Physician's Licensing:

Date of issue of Physician's License:

Date of Examination: **16 AUG 2021**

1. Physical Examination	<input checked="" type="checkbox"/>	13. HIV A1/A2	<input checked="" type="checkbox"/>
2. Dental Examination	<input checked="" type="checkbox"/>	14. TB C Acid fast	<input checked="" type="checkbox"/>
3. Neurological Test	<input checked="" type="checkbox"/>	15. VDRL	<input checked="" type="checkbox"/>
4. Visual Test	<input checked="" type="checkbox"/>	16. HIV Test	<input checked="" type="checkbox"/>
5. Color vision	<input checked="" type="checkbox"/>	17. Strain Test	<input checked="" type="checkbox"/>
6. Auditory	<input checked="" type="checkbox"/>	18. Diastole	<input checked="" type="checkbox"/>
7. Chest X-ray	<input checked="" type="checkbox"/>	19. Fasting Blood Sugar	<input checked="" type="checkbox"/>
8. ECG / X-ray	<input checked="" type="checkbox"/>	20. Glycosylated Hemoglobin (HbA1c)	<input checked="" type="checkbox"/>
9. Urinalysis	<input checked="" type="checkbox"/>	21. Urine Papanicolaou Test (PAP) (Male/F)	<input checked="" type="checkbox"/>
10. Serology (test window/indirect only)	<input checked="" type="checkbox"/>	22. Alcohol/Drug Test	<input checked="" type="checkbox"/>
11. Complete Blood Count	<input checked="" type="checkbox"/>	23. Syphilis	<input checked="" type="checkbox"/>

If failed in any above mentioned examinations, please provide reasons with examination number.

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Date.....

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