

**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>HOSEN</b>		<b>MD. JAMIL</b>	
Last Name		First Name Middle Name	
Mailing Address : <b>vill+PO: Bamondi, P.S: Gangni, Dist: Meherpur</b>			
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
<b>25.05.1987</b>	<b>AB+</b>	<b>Meherpur</b>	<b>Mv. Brave Royal</b>
Medical Certificate No.	Seafarer's Certificate No.		
	<b>CPOT10507</b>		

Seafarer's Signature

*[Signature]*

Date: **30.04.2023**

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.

**SABA DIAGNOSTIC CENTER**

Name of Medical Clinic:	<b>Taher Chamber, 10, Agrabad C/A, Chattogram</b>	Signature of Physician <i>[Signature]</i> <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Address of Medical Clinic:	Date: <b>30-3-3333/3678</b>	
Contact Phone:		
Contact Fax:		
Name and Degree of Physician:	<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S.; P.G.T (Medicine)	
Name of Physician's Licensing:	<b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER	
Date of Issue of Physician's License:	<b>10 AGRABAD C/A, CHITTAGONG.</b> BMDC AND DG SHIPPING GOVT. OF BD	
Date of Examination:	<b>30 APR 2023</b>	

23-02-1984