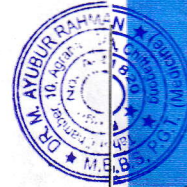


**VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM**

VME-F-71, Rev. 1/14



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

Name :	<u>MONNA</u>	<u>MD MAZHARUL</u>	<u>ISLAM</u>
	Last Name	First Name	Middle Name
Mailing Address :	<u>SOUTHKOMARIA, NATAPUR PARA, KHAZIPUR, GERAJONGI,</u>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
<u>28-06-2009</u>		<u>SERAYGONJ, BD - (UN. BRAVE ROYAL)</u>	
Medical Certificate No.		Seafarer's Certificate No.	<u>0077/35560</u>

Date: **23 AUG 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. 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.

<b>SABA DIAGNOSTIC CENTER</b>		Signature of Physician  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S. P.G.T. (Medicine) Official Seal 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Name of Medical Clinic:	<u>Taher Chamber</u>	
Address of Medical Clinic:	<u>10, Agrabad C/A, Chattogram</u>	
Contact Phone:	<u>02-333313678</u>	
Contact Fax:	<u>DR. M. AYUBUR RAHMAN</u>	
Name and Degree of Physician:	<u>M.B.B.S; P.G.T (Medicine)</u>	
Name of Physician's Licensing:	<u>SABA DIAGNOSTIC CENTRE</u>	
Date of Issue of Physician's License:	<u>TAHER CHAMBER</u>	
Date of Examination:	<u>10, AGRABAD C/A, CHITTAGONG, BMDC AND DG SHIPPING</u>	
	<u>GOVT. OF BD</u>	
	<u>23-02-1984</u>	