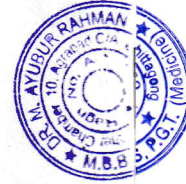




AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM



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

Name :		Amit		MEMOSIUR		Rahaman	
		Last Name		First Name		Middle Name	
Mailing Address : (Siemens Hostel) MOZAFARPOUR, KENDUA, DIST. NETROKONA							
Date of Birth		Blood Group		Place of Birth (City / Country)		Name of Ship	
30.12.2004		B+		Netrokona, Bangladesh		BRAVE ROYAL	
Medical Certificate No.				Seafarer's Certificate No.		T134827	

Amit

Date: 17.06.2023

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.

Name of Medical Clinic:		SABA DIAGNOSTIC CENTER Taher Chamber 10, Agrabad C/A, Chittogram		Signature of Physician	
Address of Medical Clinic:		Date: 02-322213-678		 DR. MD. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine) Official Seal 10, Agrabad C/A, Chittagong Reg. No. 11820 Hologram 510 810	
Contact Phone:		02-322213-678			
Contact Fax:		DR. M. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG.			
Name and Degree of Physician:		BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984			
Name of Physician's Licensing:		23-02-1984			
Date of Issue of Physician's License:		23-02-1984		Date of Examination: 17 JUN 2023	