

**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 :	ALAM	MD	RAKIBUL
	Last Name	First Name	Middle Name
Mailing Address :	NOA 21 SHPUR. NATUNLIAT. RAOZAN, C.T.G.		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
01-10-1990	B+ve	C.T.G. B.	MV. OGREAROMAL
Medical Certificate No.	Seafarer's Certificate No.		25-07-23
			015709

Signature: *Rakibul Alam*  
Date: 25-07-23

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.

<b>Name of Medical Clinic:</b>	Taher Chamber	Signature of Physician
<b>Address of Medical Clinic:</b>	10, Agrabad C/A, Chattogram	
<b>Contact Phone:</b>	Date	 DR. MD. AYUBUR RAHMAN M.B.B.S., P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
<b>Contact Fax:</b>	02-333313678	
<b>Name and Degree of Physician:</b>	DR. M. AYUBUR RAHMAN	
<b>Name of Physician's Licensing:</b>	M.B.B.S., P.G.T. (Medicine)	
<b>Date of Issue of Physician's License:</b>	SABA DIAGNOSTIC CENTRE TAHER CHAMBER	
<b>Date of Examination:</b>	10, AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	25 JUL 2023