

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>MD ISLAM</b>	<b>MD</b>	<b>SABBIRUL</b>
	Last Name	First Name	Middle Name
Mailing Address :	<b>sabbiruliskambd2018@gmail.com</b>		
	<b>COLLEGE ROAD, PALASH PARA, GAIBANDHA</b>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
<b>01/12/1988</b>	<b>A+</b>	<b>GAIBANDHA</b>	<b>MV. BRAVE ROYAL</b>
Medical Certificate No.	<b>04.2022.1721</b>	Seafarer's Certificate No.	<b>C/O/6219</b>
		Date:	<b>02.05.2023</b>

Seafarer's Signature  
**Sabbirul**

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.

Name of Medical Clinic:	<b>SABA DIAGNOSTIC CENTER</b>	Signature of Physician
Address of Medical Clinic:	<b>Taher Chamber, 10, Agrabad C/A, Chattogram</b>	
Contact Phone:	<b>02333313678</b>	 <b>DR. MD. AYUBUR RAHMAN</b> <b>M.B.B.S. P.G.T. (Medicine)</b> <b>Taher Chamber</b> <b>10, Agrabad C/A, Chittagong.</b> <b>Regn. No. A-1820</b>
Contact Fax:		
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</b>	
Date of Examination:	<b>02 MAY 2023</b>	