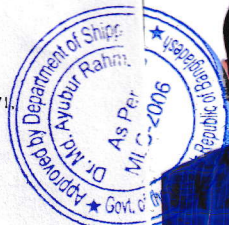


VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VML-F-71
Rev. 1/14



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

Name :		HOQUE	MD	SAJJADUL
		Last Name	First Name	Middle Name
Mailing Address :		V- East Debpur, Amzad hat. P.S- Chaugachmaiya, D- Feni		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
01-07-1984	B (+)	FENI, BD.	M.V. BRAVE ROYAL	
Medical Certificate No.	Seafarer's Certificate No.		2009989	

Seafarer's Signature

✓ *Sajjadul*

Date: 20.11.2023

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.

<p align="center">SABA DIAGNOSTIC CENTER</p> <p>Taher Chamber</p>		<p>Signature of Physician</p> <p><i>DR. MD. Ayubur Rahman</i></p> <p>DR. MD. Ayubur Rahman M.B.S., P.G.T. (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh</p>
Name of Medical Clinic:	Taher Chamber	
Address of Medical Clinic:	10, Agrabad C/A, Chattogram	
Contact Phone:	02-333313678	
Contact Fax:		
Name and Degree of Physician:	DR. MD. Ayubur Rahman M.B.S., P.G.T. (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh	
Name of Physician's Licensing:		
Date of Issue of Physician's License:		
Date of Examination:	20 NOV 2023	