



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM—2019

IMPORTANT: The original of this form is to be kept by the seafarer. A copy must be kept by the clinic.

Date of Examination: 14 AUG 2024 (dd/mm/yyyy)



Name:		MIRAZUL	
Last Name		First Name	
MIRAZUL HAQUE		MIRAZUL	
Mailing Address:			
MIRAZUL HAQUE, DORBO GONDGRAM, DUSHPOPARA, AJAIKOLA, PAANA.			
Date of Birth (dd/mm/yyyy)	Blood Type/Group	Place of Birth (City/Country)	Name of Ship/Vessel
09-04-2006	B+V2	PAANA, BD	MV BRADVE ROYAL
Medical Certificate No.:	Seafarer's Certificate No.:		
07-2024-1204	T/35489		

Mirazul

Seafarer's Signature

NOTE: The passing or failure of the medical examinations for the following is based upon the 2019 American Club Pre-Employment Medical Examination Guidelines. All relevant examinations must be completed and recorded below.

Examination	Results of Examination		Examination	Results of Examination	
	Pass	Fail		Pass	Fail
1. Medical History Questionnaire (attached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Ultrasound examination (presence of gall and/or 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. Electro Cardiogram (ECG or EKG)	<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	<input 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 of the abovementioned examinations, please provide an explanation for the failure with the associated examination number:

Exam #	
Exam #	
Exam #	

Has medication been prescribed because of this PEME? YES NO If "YES", the American Club PEME Declaration Form MUST BE completed (third page).

SABA DIAGNOSTIC CENTER
 Taher Chamber,
 10, Agrabad C/A, Chittogram
 Date: _____
 Contact Phone No.: **02-333313678**
 Contact Fax No.: _____
 Name and Degree of Physician: **DR. MD. Ayubur Rahman**
 M.B.B.S., P.G.T (Medicine)
 Taher Chamber,
 10, Agrabad C/A, Chittogram
 BMDC Reg. No. A-11820
 AND APPROVED BY
 DG Shipping
 Govt. of Bangladesh
 Date of Completed PEME Examination: **14 AUG 2024**
 Expiry Date for PEME: **13 AUG 2026**
 (cannot be less than one calendar year)

Signature of Physician

DR. MD. Ayubur Rahman
 M.B.B.S., P.G.T (Medicine)
 Taher Chamber,
 10, Agrabad C/A, Chittogram
 BMDC Reg. No. A-11820
 AND APPROVED BY
 DG Shipping
 Govt. of Bangladesh
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