



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

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

Date of Examination: 18 SEP 2024 (dd/mm/yyyy)



Name:		Last Name		First Name		Middle Name	
		AHAMED		MIRJA		IFTAKHER	
Mailing Address:		SHAHJADPUR, PATOYARIA HAT, COMPANYIGANJ, NOAKHALI.					
Date of Birth (dd/mm/yyyy)		Blood Type/Group		Place of Birth (City/Country)		Name of Ship/Vessel	
15-11-2002				NOAKHALI, BD.		MV BRAVE ROYAL	
Medical Certificate No.:		07-2024-1261		Seafarer's Certificate No.:			

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 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 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).

Name of Medical Clinic:		SABA DIAGNOSTIC CENTRE		Signature of Physician	
Address of Medical Clinic:		Taher Chamber, 10, Agrabad C/A, Chittagong.		 DR. MD. Ayubur Rahman M.B.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 Photograph to be placed here	
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, Chittagong			
Name of Physician's Licensing Body:		BMDC Reg. No. A-11820			
Date of Issue of Physician's License:		23-02-1984			
Date of Completed PEME Examination:		18 SEP 2024			
Expiry Date for PEME:		17 SEP 2026			
(cannot be less than one calendar year)					



07-2024-1261