

**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 :		AZAM		MOHAMMAD		FAISAL	
		Last Name		First Name		Middle Name	
Mailing Address :		Vill: NORTH DELPARA, PO: KUTUBPUR, PS: FATULLA					
		DIST: NARAYANGONJ					
Date of Birth	Blood Group	Place of Birth (City / Country)		Name of Ship			
18.07.1994	O+	NARAYANGONJ		MV. BRAVE ROYAL			
Medical Certificate No.	07-2020-0999	Seafarer's Certificate No.	C1017534				
						Date:	15.07.2021

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.

**SABA DIAGNOSTIC CENTER**  
Taher Chamber

Name of Medical Clinic:	10, Agrabad C/A. Chattogram	Signature of Physician  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S., P.G.T. (Medicine) Official Seal Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Address of Medical Clinic:	Date: .....	
Contact Phone:	DR. MD. Ayubur Rahman M.B.B.S., P.G.T. (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No. A-11820	
Contact Fax:	AND APPROVED BY DG Shipping Govt. of Bangladesh	
Name and Degree of Physician:	15 JUL 2021	
Name of Physician's Licensing:		
Date of Issue of Physician's License:		
Date of Examination:		