

VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VMF-F-71,
Rev. 1/14



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

Name :	HOSSAIN	MOHAMMAD	IMRAN
	Last Name	First Name	Middle Name
Mailing Address :	SONAR CHAR, GOBINDAPUR, MEGHNA CUMILLA		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
01-06-1992	O+	CUMILLA	M.V. BRAVE ROYAL
Medical Certificate No.	Seafarer's Certificate No.		1253/2019
			C/016703

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.

Name of Medical Clinic:	SABA DIAGNOSTIC CENTER Taher Chamber 10, Agrabad C/A, Chattogram	Signature of Physician DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Official Seal 10, Agrabad C/A, Chattagong. Regn. No. A/11820
Address of Medical Clinic:	Date: 01-06-2021	
Contact Phone:		
Contact Fax:		
Name and Degree of Physician:	DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG.	
Name of Physician's Licensing:	10, AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
Date of Issue of Physician's License:		
Date of Examination:	01 JUN 2021	