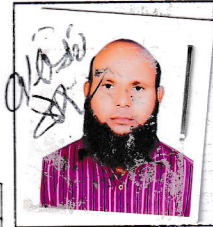


VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VML-F-71,
Rev. 1/14

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



Name :		<u>YASAN</u>	<u>MOHAMMAD</u>	<u>MAMMUDUL</u>
		Last Name	First Name	Middle Name
Mailing Address : <u>VILL: KANDAPARA - P.O: JANGALIA -</u> <u>P.S: BELDWAR. DIST: TANGALIL.</u>				
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
<u>11-12-1978</u>	<u>B+</u>	<u>TANGAIL.</u>	<u>MS-GREAT ROYAL</u>	
Medical Certificate No.				Seafarer's Certificate No.

Seafarer's Signature
[Signature]

Date:
03-01-2021

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.

Name of Medical Clinic:	SABA DIAGNOSTIC CENTER	Signature of Physician
Address of Medical Clinic:	Taher Chamber, 10, Agrabad C/A, Chattogram	
Contact Phone:	<u>031-715678</u>	
Contact Fax:		
Name and Degree of Physician:	DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine)	
Name of Physician's Licensing:	Taher Chamber, 10, Agrabad C/A, Chattogram	
Date of Issue of Physician's License:	BMDC Reg No: A-11820	
Date of Examination:	<u>03 JAN 2021</u>	