



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

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



Name :		<u>ALI</u>	<u>MUHAMMAD</u>	-
		Last Name	First Name	Middle Name
Mailing Address :		<u>NORTH BOND DR. MOHAKKMAN BAZAR</u>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
<u>10-10-1999</u>	<u>B+ve</u>	<u>GITG. BD.</u>	<u>MY. BRAVE ROYAL</u>	
Medical Certificate No.	Seafarer's Certificate No.		<u>7/3/526</u>	
				Seafarer's Signature
				<u>Muhammad Ali</u>
				Date:
				<u>30 APR 2023</u>

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. 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 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

Name of Medical Clinic:	<u>Taher Chamber,</u> <u>10, Agrabad C/A, Chattogram</u>	Signature of Physician
Address of Medical Clinic:	<u>Date:</u>	
Contact Phone:	<u>02333313628</u>	 DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Contact Fax:		
Name and Degree of Physician:	DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)	
Name of Physician's Licensing:	SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG.	
Date of Issue of Physician's License:	BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
Date of Examination:	30 APR 2023	