

VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VML-F-71, Rev. 1/14

PHOTO

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

Name :		<b>KHAN</b>	<b>NUR</b>	<b>MUHAMMED</b>
		Last Name		Middle Name
Mailing Address :		<b>SUAPARA. KALIAPARA. SHARASTI CHANDPUR.</b>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
<b>15-05-1993</b>		<b>CHANDPUR</b>	<b>MV<sup>02</sup> GREAT ROYAL</b>	
Medical Certificate No.	Seafarer's Certificate No.		<b>U07</b>	
				Date: <b>30 OCT 2022</b>

Seafarer's Signature

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.

Name of Medical Clinic:		<b>SABA DIAGNOSTIC CENTER</b>		Signature of Physician
Address of Medical Clinic:		<b>Taher Chamber</b>		
Contact Phone:		<b>10, Agrabad C/A, Chattogram</b>		 <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S., P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820
Contact Fax:		Date: <b>0233313678</b>		
Name and Degree of Physician:		<b>DR. M. AYUBUR RAHMAN</b>		
Name of Physician's Licensing:		<b>M.B.B.S.; P.G.T (Medicine)</b>		
Date of Issue of Physician's License:		<b>SABA DIAGNOSTIC CENTRE</b>		
Date of Examination:		<b>TAHER CHAMBER</b>		
		<b>10 AGRABAD C/A, CHITTAGONG.</b>		
		<b>BMDC AND DG SHIPPING</b>		