

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 : Last Name **MOLLA** First Name **OSMAY** Middle Name  
 Mailing Address : **TAKIARKUL, MOLLAHAT BAGERHAT**  
 Date of Birth **01-03-1999** Blood Group **O+ve** Place of Birth (City / Country) **BAGERHAT, BD** Name of Ship **MV GREAT ROYAL**  
 Medical Certificate No. Seafarer's Certificate No. **432070** Date: **10-03-2021**  
**01-03-1999**

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**

Name of Medical Clinic:	Taher Chamber.	Signature of Physician
Address of Medical Clinic:	10, Agrabad C/A, Chattogram	
Contact Phone:	031-715678	 <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:		
Name and Degree of Physician:	<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S. P.G.T. (Medicine)	
Name of Physician's Licensing:	<b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER	
Date of Issue of Physician's License:	<b>10 AGRABAD C/A, CHITTAGONG.</b> BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
Date of Examination:	<b>10 MAR 2021</b>	