

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:		KARMAKER		PRODIP		Middle Name	
Mailing Address:		VILL: UKIL PARA, WARD NO- 07, P.O: PIROJPUR SADAR-8500, P.S: PIROJPUR, DIST: PIROJPUR					
Date of Birth	Blood Group	Place of Birth (City / Country)		Name of Ship			
01/01/1987	A+	PIROJPUR, BD		MY. BRAVE ROYAL			
Medical Certificate No.		Seafarer's Certificate No.		Date:			
		C/O 5562		18.11.23			

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 CENTRE Taher Chamber		Signature of Physician DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh
Address of Medical Clinic:		10, Agrabad C/A, Chittagong		
Contact Phone:		02-333313678		
Contact Fax:				
Name and Degree of Physician:		DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong		
Name of Physician's Licensing:		BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh		
Date of Issue of Physician's License:				
Date of Examination:		18 NOV 2023		