

**VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM**

VMI-F-71,  
Rev. 1/14



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

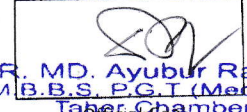
Name :	<b>SHOUMIK</b>	<b>SHADID</b>	<b>AL DIN</b>
	Last Name	First Name	Middle Name
Mailing Address :	<b>shadidaldin@gmail.com</b>		
	<b>Vill. CHOTOMIRZAPUR, P. GUJJIANA, T. PIRONGA D. RANGPUR</b>		
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship
	<b>(O-)</b>	<b>RANGPUR</b>	<b>MV. GREAT ROYAL</b>
Medical Certificate No.	<b>07-2023-1350</b>	Seafarer's Certificate No.	<b>CP011399</b>
			Date: <b>31.10.23</b>

**Shoumik**

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:	<b>SABA DIAGNOSTIC CENTER</b>	Signature of Physician
Address of Medical Clinic:	<b>Taher Chamber, 10, Agrabad C/A, Chittagong.</b>	
Contact Phone:	<b>02-333313678</b>	 <b>DR. MD. Ayubur Rahman</b> 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
Contact Fax:		
Name and Degree of Physician:	<b>DR. MD. 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>Taher Chamber, 10, Agrabad C/A, Chittagong</b>	
Date of Examination:	<b>31 OCT 2023</b>	