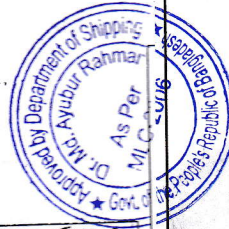


VANGUARD MARITIME LIMITED PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

VML-F-71, Rev. 1/14



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

Name : **ALTMED** **SHAKIL** **01733732832**  
 Last Name First Name Middle Name  
 Mailing Address : **Konapara, Demra, Dhaka**  
 Date of Birth **15-01-1999** Blood Group **AB+** Place of Birth (City / Country) **Jamalpur** Name of Ship **MV BRAVE ROJOL**  
 Medical Certificate No. **04.2023.4947** Seafarer's Certificate No. **C1016907**

**Shakil**  
 Date: **1-11-2023**

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: **Taher Chamber**  
 Address of Medical Clinic: **10, Agrabad C/A, Chattogram**  
 Contact Phone: **02-333313678**  
 Contact Fax:  
 Name and Degree of Physician: **DR. MD. Ayubur Rahman**  
 Name of Physician's Licensing: **M.B.B.S. P.G.T (Medicine)**  
 Date of Issue of Physician's License: **Taher Chamber, 10, Agrabad C/A, Chattogram**  
 Date of Examination: **01 NOV 2023**  
 Signature of Physician: **DR. MD. Ayubur Rahman**  
**M.B.B.S. P.G.T (Medicine)**  
**Taher Chamber,**  
**10, Agrabad C/A, Chattogram**  
**BMDC Reg No: A-11820**  
**AND APPROVED BY**  
**DG Shipping**  
**Govt. of Bangladesh**