HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 2-333316214-6, Fax : +880-2 333310530

Accredited By : BMDC
Accreditation No: A-55144

PATIENT CONTROL NUMBER
H623

MIR MD RAIHAN ★ RADICAL HOSPITALS LTD REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
ALAM	KAZI	KHAIRUL
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
NARSINGDI 14-Jul-1993	A06143055	C/O/7700

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL-METHIKANDA, PO-RAIPURA, PS-RAIPURA, DIST-NARSINGDI, BANGLADESH.

CONTACT NUMBER : +8801688669020 (SELF)

RANK : 2ND ASST ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 96 kg Height (cm) 180 BMI 29.6 Blood Pressure: Systolic 130 mm Hg Diastolic 80 mm Hg PULSE 78 b/m.

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	25		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-I/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual fields	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ✓YES / NO

Colour vision as per STCW CODE Section A I/9: ✓ ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 06 APR 2024

	Normal	Abnormal		Normal	Abnormal
Head	✓	☐	Varicose veins	✓	☐
Sinuses, nose, throat	✓	☐	Vascular (inc. pedal pulses)	✓	☐
Mouth/teeth	✓	☐	Abdomen and viscera	✓	☐
Ears (general)	✓	☐	Hernia	✓	☐
Tympanic membrane	✓	☐	Anus (not rectal exam)	✓	☐
Eyes	✓	☐	G-U system	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	☐	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	✓ Negative
ECG	NAD	BILIRUBIN	0.55	Alcohol Test	☐ Positive	✓ Negative
BLOOD R/E		SGPT	23	URINE R/E	NAD	
DC(differential count)	NAD	SGOT	19	OTHERS		
HAEMOGLOBIN (HGB)	14.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	✓ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ✓ Negative	HIV / AIDS Test	☐ Reactive	✓ Nonreactive
WBC	8900	Amphetamine	☐ Positive ✓ Negative	VDRL	☐ Reactive	✓ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ✓ Negative	Blood Type	B+ve	
RANDOM	5.8	Barbiturates	☐ Positive ✓ Negative	Psychological Exam	NAD	
HBA1C	5.0%	Cocaine	☐ Positive ✓ Negative	Others(KUB Ultrasound)	N/E	

Hereby I declare that I am in knowledge of the contents of the Physical examinations.

KAlam	KAZI KHAIRUL ALAM	5-Apr-2024
Signature of Seafarer	Name of Seafarer	Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

✓ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit ✓	☐	✓	☐	☐
Unfit	☐	☐	☐	☐

✓ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
✓	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 06 APR 2024 Valid Until: 05 APR 2025

Name and Signature of Authorized Physician

DR. MD. RAIHAN
MBBS (DU), DHM, CCD (Birdem), PGT (Ophth)
BMDC REG NO: A-...
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : KAZI KHAIRUL ALAM RANK : 2ND ASST ENGINEER

CDC NO : C/O/7700 DOB : 14-Jul-1993

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart-related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		
8	Do you have any hearing difficulties or are you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 06 APR 2024

Signed : The Crew Member

* If yes, mention details below:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Medical information: （医療情報） * Please check the appropriate items.
該当する二欄にノ印を記入して下さい

1. ALLERGIES: （アレルギー）
□ Urticaria (hives) （じんましん） □ Asthma （ぜんそく） □ Other （その他）
□ Drug allergies (name): _____ （薬品名） □ Food allergies (name): _____ （食品名）

2. PAST HISTORY: （病歴）
(1) Past serious illness: （主な既往症） Age （年齢）

_____

(2) Surgery: （手術） When? _____

_____ （時期） Age （年齢）

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): （持病／有無）
Name of illness: （持病名）

_____

Name (s) of medicine (s) used for the above disease (s). （上記持病に使用した一般薬品名）

_____

06 APR 2024

4. DAILY LIFE HABITS: （日常生活）
(1) Alcohol intake: （飲酒） □ Do not drink （飲まない） □ Drink 2-3 times a week （週に2～3回） □ Drink every evening （毎日）
□ Heavy drinker （強い） □ Moderate drinker （中程度） □ Light drinker （弱い）

(2) Smoking: （喫煙） □ Never smoke （吸わない）
□ Quit smoking in 19_____. （19_____年に禁煙）
□ Smoke _____ cigarettes a day （1日平均 _____ 本吸う）

(3) Bowel movements: （便通） □ Regular （規則的） □ Irregular （不規則） □ Constipated （便秘）

(4) Dietary preferences: （食事の好み） □ Meat （肉類） □ Fish （魚類）
□ Salty （塩辛い） □ Sweet （甘い） □ Oily （脂っこい）

(5) Exercise: （運動） □ Often （よくする） □ Sometimes （時々） □ Never （しない）

(6) Sleep: （睡眠） □ Sleep well （良く眠る） □ Have Sleeplessness （眠れない）
□ Have insomnia （不眠症） □ Sometimes take sleeping pills, etc. （時々睡眠薬使用）

(7) Weight: （体重） □ Constant （変わらず） □ Putting on weight （太ってきた）
□ Losing weight （やせてきた）

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd. As Per-M.C.2008 DG Shipping Bangladesh Approved

日本財団 補助
The Nippon Foundation

<PRIVATE>

秘

5. FAMILY HISTORY：（家族歴）

Notation: F = father, M = mother, B = brother, S = sister
（父） （母） （兄弟） （姉妹）

☐ Heart disease（心臓病）	F	M	B	S
☐ Cancer / part（癌／部位）_____	F	M	B	S
☐ Diabetes（糖尿病）	F	M	B	S
☐ Hypertension（高血圧症）	F	M	B	S
☐ Cerebral Apoplexy（脳卒中）	F	M	B	S
☐ Liver disease（肝臓疾患）	F	M	B	S
☐ Other: Name of disease（病名）_____	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
（受診医師へ特に伝えたいこと、英語で簡潔に）

Date: 06 APR 2024 Signature:（署名）_____
(Card holder)（本人）

MEDICAL RECORDS
(Write in block Letters)

Name of Company:（所属会社）_____ Tel:_____ Fax:_____ Nationality:（国籍）Bangladeshi

Name:（氏名）KAZI KHAIRUL ALAM given name（名） family name (姓) Sex:（性別）M/F（男／女）

Name of Position:（職種）ZNE Date of Birth:（生年月日）14-07-93 (D-M-Y)

Height:（身長）182 cm Weight:（体重）96 kg/at age 20:（20才時）_____kg

Pulse:（脈拍／分）78 /min Normal breathing rate:（正常呼吸数／分）19 /min Normal temperature:（平熱）_____C

Blood pressure:（血圧）130/90 Blood type:（血液型）B+ /Rh( ) Single/Married（独身／既婚）

Blood sugar:（血糖値）_____mg/dl × 0.05625 = (_____mmol/l)

Uric acid:（尿酸値）_____mg/dl × 0.05914 = (_____mmol/l)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd.
As Per MLC-2008
DG Shipping Bangladesh Approved

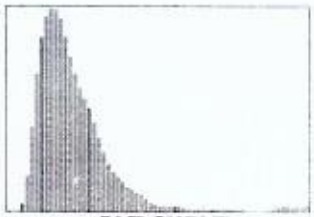
ID NO	: 24040106	**Date**	: 05/04/2024
Patient's Name	: KAZI KHAIRUL ALAM	**Age**	: 39Y 8M 22D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7700	**Sex**	: Male
Specimen	: Blood		

(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

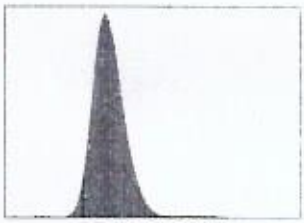
HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**14.7**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**8,900**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	27	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**267**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**342,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.4	fL	7.0 -11.0 fL	
PDW-CV	16.1	%	10 - 18 %	
PCT	0.32	%	0.10 - 0.28	
P-LCR	23.2	%	9.00 - 45.00%	
P-LCC	79	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.17**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	46.9	%	M: 40-54%, F: 37-47%	
MCV	90.7	fL	76-94 fL	
MCH	28.4	pg	27-32 pg	
MCHC	31.3	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.1	%	10-16%	

WBC CURVE



PLT CURVE



RBC CURVE

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Redical Hospital Ltd.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040106	Received Date	05/04/2024
Patient's Name	KAZI KHAIRUL ALAM		
Patient's Age	30Y 8M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7700
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.55 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040106	Received Date	05/04/2024
Patient's Name	KAZI KHAIRUL ALAM		
Patient's Age	30Y 8M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7700
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT	
ABO Blood Group	"B" (+ve)
Rh (D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040106	Received Date	05/04/2024
Patient's Name	KAZI KHAIRUL ALAM		
Patient's Age	30Y 8M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7700
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040106	Received Date	05/04/2024
Patient's Name	KAZI KHAIRUL ALAM		
Patient's Age	30Y 8M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7700
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. ONE MEISHAN	DATE: 05/04/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	**KAZI KHAIRUL ALAM**	**RANK: 2A/ENG**	**CDC NO: C/O/7700**

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6
AIDED		

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020579

Kazi Khorsed Alam.

Male 30 Years

05-04-2024 12:21:20

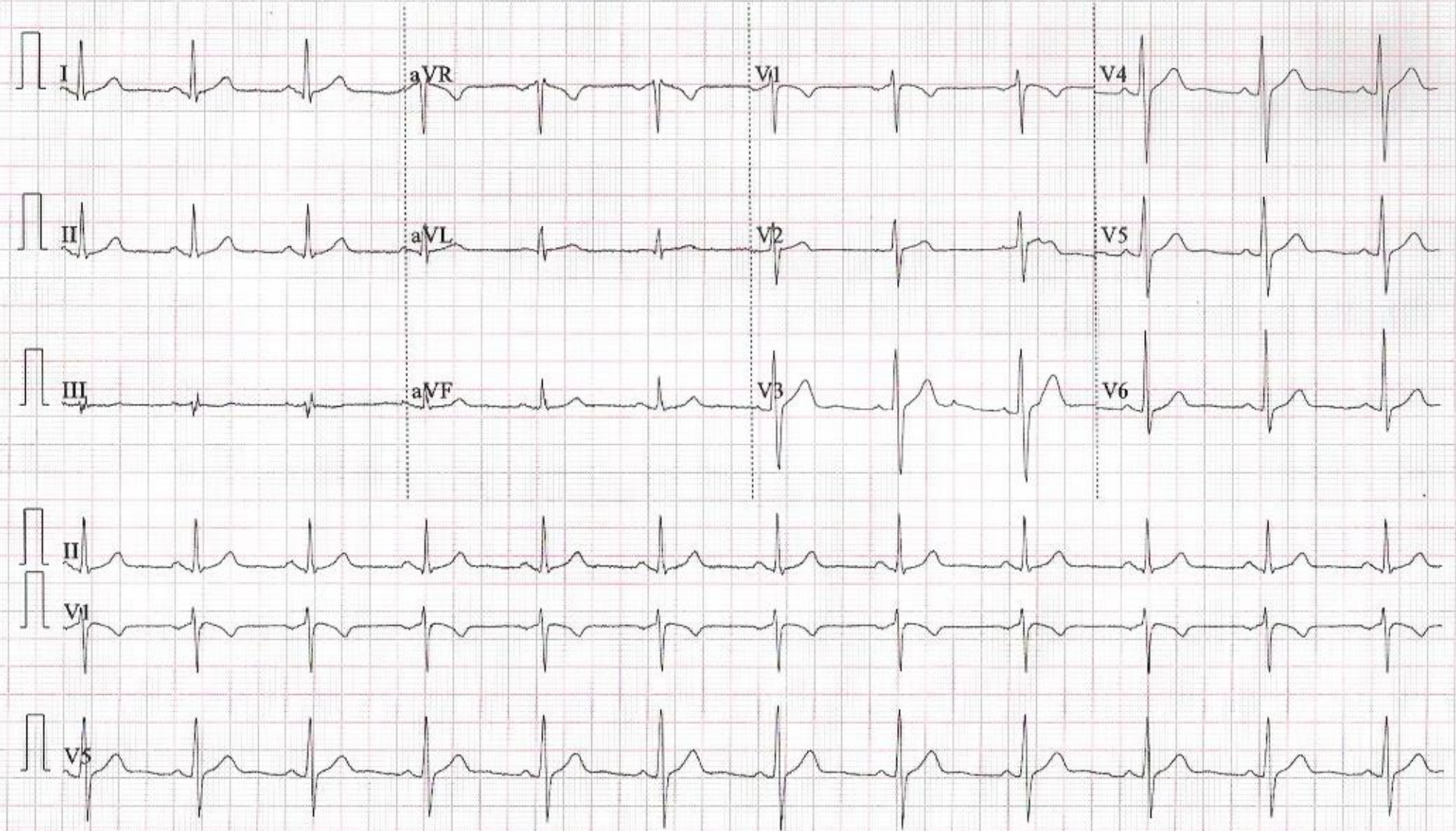
HR	: 69	bpm
P	: 114	ms
PR	: 140	ms
QRS	: 94	ms
QT/QTc	: 376/403	ms
P/QRS/T	: 42/33/32	°
RV5/SV1	: 1.110/0.854	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥69 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	2404106	Receive:05/04/2024	Print: 05/04/2024
Patient's Name	:	KAZI KHAIRUL ALAM		
Age	:	30 YRS	Sex	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations: X-ray	ECG	Urine	Blood	LFT	Creatine	USG	Addl. Test	Special Conditions	Fit / ~~Unfit~~ & Remarks	Doctor's Sign.
07 APR 2021	MV MEISHAN BRIDGE	BP 110/70 mmHg Pulse 78/min	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL						[signature] DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
01 MAR 2022	MV. ONE HONGKONG	BP 110/70 mmHg Pulse 78/min	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL						[signature] DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
09 MAY 2023	MV. ONE MEISHAN	BP 100/70 mmHg Pulse 78/min	Normal	Normal	Normal	Normal	Normal						[signature] DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
06 APR 2024	MV. ONE [illegible]	Pulse 78/min BP 120/70 mmHg	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]						[signature] DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

KAZI KHAIRUL ALAM

This is to certify that whose signature follows } Date of birth 14/07/1993 Sex MALE

Khair

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 01 MAR 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2 09 MAY 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3 06 APR 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
4		
5		
6		
7		
8		

Continued overleaf Suite our erso