



HAQUE & SONS LTD.

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



Accredited By : BMD
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HSL-002903

MEDICAL EXAMINATION CERTIFICATE

SURNAME SAHA		FIRST NAME AND UTSHOB		MIDDLE NAME KUMAR	
PLACE AND DATE OF BIRTH NAOGAON 20-Sep-2001		PASSPORT NUMBER EH 0670147		SEAMAN'S BOOK NUMBER CO10952	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : BHABANIPUR, SHISHA HAT, PORSHA, NAOGAON, BANGLADESH				CONTACT NUMBER : 0088 01851619865	
				RANK : 3RD 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	☐	☒	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?	☐	☒
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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.

utshob

Signature of Seafarer

MEDICAL EXAMINATION

Weight 64kg	Height (cm) 171	BMI 21.8	Blood Pressure: Systolic 100mm Diastolic 70mm	PULSE 78/min												
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td></tr></table>					Ear	Hearing by Audiometry		Right	☐ Adequate	☐ Inadequate	Left	☐ Adequate	☐ Inadequate			
Ear	Hearing by Audiometry															
Right	☐ Adequate	☐ Inadequate														
Left	☐ Adequate	☐ Inadequate														
<table><tr><td colspan="4">Audiometry</td></tr><tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr><tr><td colspan="4">MP</td></tr></table>					Audiometry				500	1000	2000	3000	MP			
Audiometry																
500	1000	2000	3000													
MP																
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Hearing by Whisper Test																
☒ Adequate	☐ Inadequate															
☒ Adequate	☐ Inadequate															

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

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

03 APR 2024

	Visual fields	
	Normal	Defective
	Right eye	Left eye
	/	/

	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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	11/12	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☐ Negative
ECG	11/12	BILIRUBIN	0.55	Alcohol Test	☐ Positive ☐ Negative
BLOOD R/E	11/12	SGPT	20	URINE R/E	11/12
DC(differential count)	11/12	SGOT	30	OTHERS	
HAEMOGLOBIN (HGB)	13.0	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☐ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☐ Nonreactive
WBC	3200	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☐ Nonreactive
BLOOD GLUCOSE LEVEL	5.4	Phencyclidine	☐ Positive ☐ Negative	Blood Type	B+(VE)
RANDOM	5.1	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	11/12
HBA1C	5.0%	Cocaine	☐ Positive ☐ Negative	Others(KUB Ultrasound)	11/12

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

Signature of Seafarer

UTSHOB KUMAR SAHA

Name of Seafarer

03 APR 2024

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:

03 APR 2024

02 APR 2026

DR. MIR. MD. RAIHAN
 Name and Signature of Authorized Physician

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT SAHA			FIRST NAME UTSHOB		MIDDLE INITIAL KUMAR
DATE OF BIRTH 9 20 2001 MONTH DAY YEAR			PLACE OF BIRTH NAOGAON BANGLADESH CITY COUNTRY		SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐			MAILING ADDRESS OF APPLICANT: BHABANIPUR, SHISHA HAT, PORSHA, NAOGAON, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2					
HEIGHT 175cm	WEIGHT 64kg	BLOOD PRESSURE 100/70mm	PULSE 78b/min	RESPIRATION 14m/n	GENERAL APPEARANCE 100%
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES / /					
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 03 APR 2024 Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES ☐ NO ☐					
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐					
HEARING RT. EAR 100 LEFT EAR 100					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. NO					
SIGNATURE OF APPLICANT utshob		DATE OF EXAM 03 APR 2024		EXPIRY DATE 02 APR 2026	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: UTSHOB KUMAR SAHA					
FIT FOR DUTY ON BOARD SHIP (NAME OF APPLICANT)					
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).					
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),					
ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH MAKHIDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 8-Jun-14					
SIGNATURE OF PHYSICIAN 				DATE OF EXAMINATION: 03 APR 2024	

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M ANNEX **DR. MIR. MD. RAIHAN 1**

Rev0 - 09/01/2023

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMD A-55144, MMC-BGD-916
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (b) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (e) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (g) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

03 APR 2024

RLM-105M ANNEX 2



DR. MIR. MD. RAIHAN
MBBS (DU) DPM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Rev0 - 09/01/2023
Radical Hospitals Limited

ID NO : 24040059

Date : 03/04/2024

Patient's Name : UTSJOB KUMAR SAHA

Age : 22Y6M14D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10952

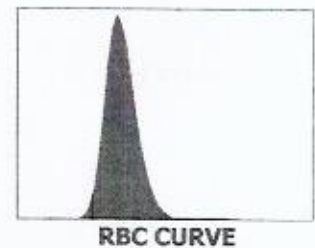
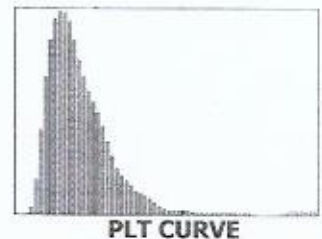
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.9	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	3,200	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	55	%	(40 - 75)%
Lymphocytes	35	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	128	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	100,000	/cumm	1,50,000-4,50,000 /cumm
MPV	16.8	fL	7.0 -11.0 fL
PDW-CV	16.6	%	10 - 18 %
PCT	0.17	%	0.10 - 0.28
P-LCR	65.9	%	9.00 - 45.00%
P-LCC	66	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.14	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	46.0	%	M: 40-54%, F: 37-47%
MCV	89.5	fL	76-94 fL
MCH	27	pg	27-32 pg
MCHC	30.2	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	15.3	%	10-16%



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

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

Bill No	DIA24040059	Received Date	03/04/2024
Patient's Name	UTSHOB KUMAR SAHA		
Patient's Age	22Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10952
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.55 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0 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.

Bill No	DIA24040059	Received Date	03/04/2024
Patient's Name	UTSHOB KUMAR SAHA		
Patient's Age	22Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10952
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.

Bill No	DIA24040059	Received Date	03/04/2024
Patient's Name	UTSHOB KUMAR SAHA		
Patient's Age	22Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10952
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.

Bill No	DIA24040059	Received Date	03/04/2024
Patient's Name	UTSHOB KUMAR SAHA		
Patient's Age	22Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10952
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.



REF: MV. FERRUM AUSTRALIS

DATE: 03/04/2024

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

EYE EXAMINATION REPORT

NAME: UTSHOB KUMAR SAHA

RANK: E/CDT

CDC NO: C/O/10952

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

03-04-2024 13:15:54

49th St. Kenneth Saha
Male 22 Years

HR : 84 bpm

P : 102 ms

PR : 142 ms

QRS : 72 ms

QT/QTc : 340/402 ms

P/QRS/T : 51/55/49 °

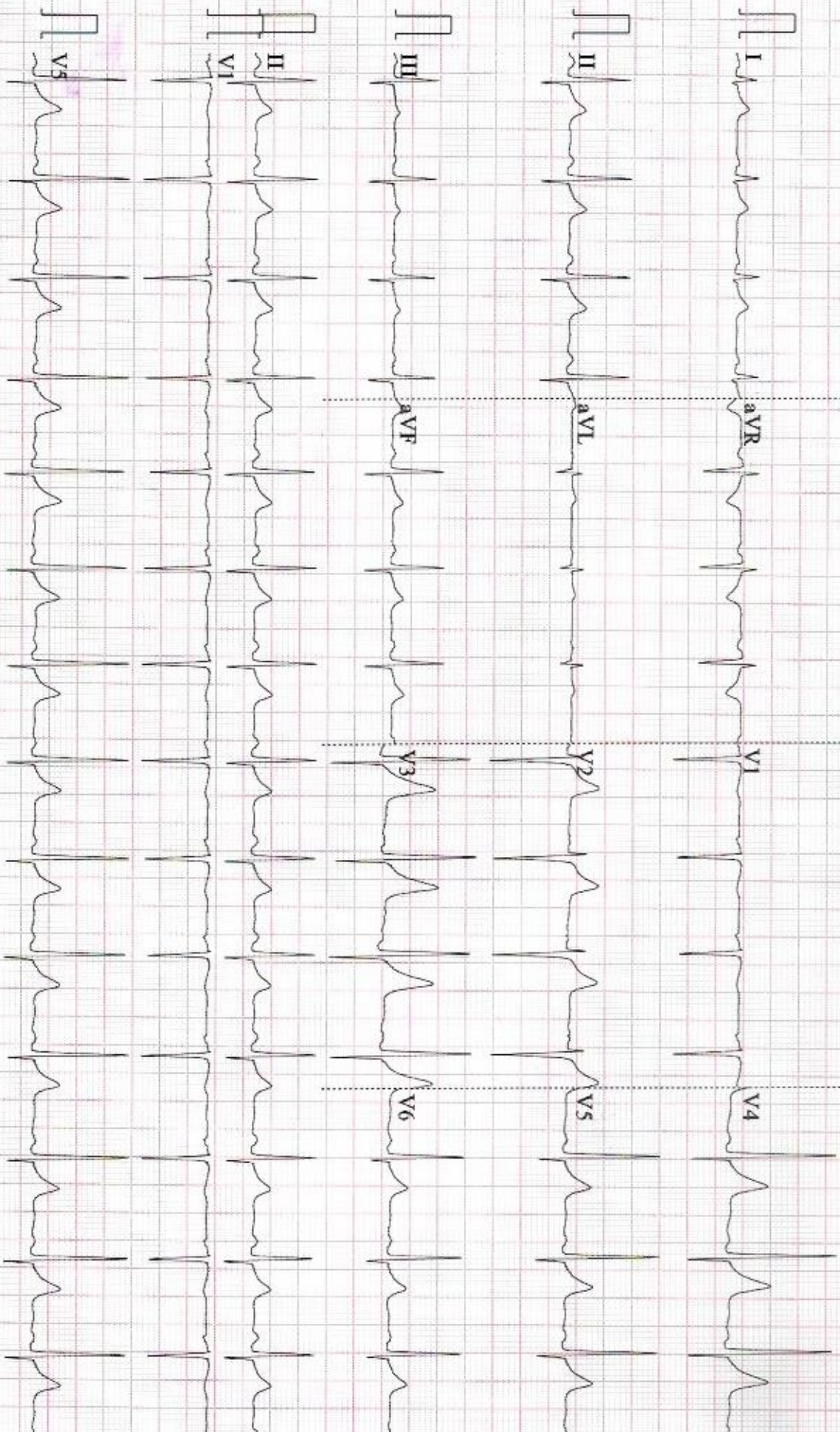
RV5/SVI : 1.699/1.136 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040059 Receive: 03/04/2024 Print: 03/04/2024
Patient's Name : **UTSHOB KUMAR SAHA**
Age : 22 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.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 20 SEP 2001 Sex M
Uddob

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka,		
2	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radco Hospital Limited		
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso