



INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): ISLAM SAHIDUL

Date of birth (day/month/year): 01/01/1986 Sex: ☒ male • ☐ female

Home address: 249/250, CHA-BLOCK, ROAD-5, RAINKHOLA, MIRPUR-2

Passport No./Discharge Book No.: A02813707 / C1015631

Type of ship (container, tanker, passenger, fishing): Container

Trade area (e.g., coastal, tropical, worldwide): Worldwide

Examinee's personal declaration

(Assistance should be offered by medical staff)

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	☐	☒

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- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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 hospitalized? | ☐ | ☒ |
| 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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Eahidul Date (day/month/year): 21 APR 2024

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **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.

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 (the approved medical examiner).

Signature of examinee: Eahidul Date (day/month/year): 21 APR 2024

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **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 examination

☐ Pre-sea ☒ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	—			
Near	15	15	—			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

Speech and whisper test (metres)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4



Height: 162 (cm) Weight: 64 (kg)
Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)
Urinalysis: Glucose: Nil Protein: Nil

	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	<u>N/A</u>	☐	General appearance	☒	☐
Heart	☒	☐			
Skin	☒	☐			

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 21 APR 2024

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test Blood + urine Result Normal.

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded:

☒ Yes

☐ No

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 look-out duty

☐ Not fit for look-out duty

Deck service

Engine service

Catering service

Other services

☒ Fit

☐

☒

☐

☐

☐ Unfit

☐

☐

☐

☐

Without restrictions ☒

With restrictions ☐

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

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

Place of examination: **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): 21 APR 2024

Medical certificate's date of expiration (day/month/year): 20 APR 2026

Official stamp (also print name of medical examiner if not legible)

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

Signature of medical examiner:

Authorized by: DR. SHAPPIKA BANIKUN (competent authority)



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For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

Disclaimer | webinfo@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) ISLAM SAHIDUL		Gender: Male/Female*
Date of Birth: (Day/month/year) 01/01/1986	Nationality: BANGLADESHI	Place of Birth: NOAKHALI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
Date of last colour vision test:		21 APR 2024	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	21 APR 2024	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	20 APR 2026	

21 APR 2024

Date



Signature of Authorised
Medical Practitioner

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

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

* delete as appropriate





**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

ANNEX B

MPA
SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS)		Gender: Male/Female*
Date of Birth: day/month/year <u>01/01/1986</u>	Place of Birth: <u>NDARKHALI</u>	Nationality: <u>BANGLADESHI</u>
Type of ID documents: NRIC No. / Passport No.: <u>A02813707</u>	Dept: Deck / Engine / Catering / others Rank: <u>C/E</u>	Type of ship: <u>CONTAINER</u>
Home Address: <u>240/250, CHA-BLOCK ROAD-5, RAINKOLA, MIRPUR-2</u>	Routine and emergency duties:	Trading area: e.g coastal / world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Yes No			Yes No		
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	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(hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy	☒	☒	34. Fracture/dislocations		☒

If you answer "yes" to any of the above questions, please provide details:

Additional questions

Yes No		
35. Have you ever been signed off as sick or repatriated from a ship?		☒
36. Have you ever been hospitalized?		☒



37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

21 APR 2024

Date

Sahidul

Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

DR. MIR. MD. RAIHAN.

21 APR 2024

Date

Sahidul

Signature of Seafarer

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

Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	15	15	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	162 (cm)	Weight	64 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose :	Nil	Protein:	Nil
		Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 21 APR 2024

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test Blood & urine

Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/	/		
Unfit				



☒ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

21 APR 2024

Date



Signature of
Medical Practitioner

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 Practitioner's name, licence number, address



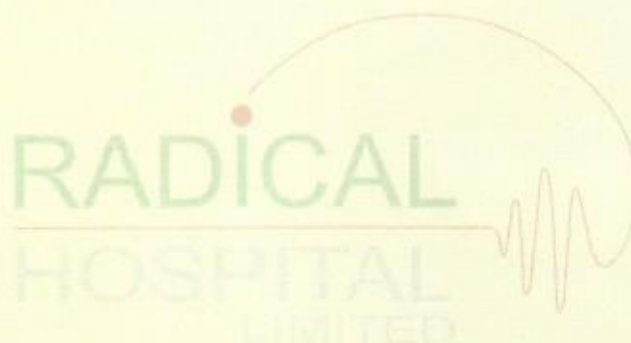


Bill No	DIA24040449	Received Date	21/04/2024
Patient's Name	SAHIDUL ISLAM		
Patient's Age	38Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5631
Sample	BLOOD		

SEROLOGICAL REPORT

Test NameResult

HIV 1 & 2 (Method : (ICT)	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.

Bill No	DIA24040449	Received Date	21/04/2024
Patient's Name	SAHIDUL ISLAM		
Patient's Age	38Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5631
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.

Patient ID	24040449	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	21/04/2024
Patient Name	SAHIDUL ISLAM		
Age	38 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is enlarged in size 16.7 cm, regular in shape and normal position. The echogenicity of The parenchyma is increased. Intrahepatic biliary channel are not dilated.
No focal lesion is seen.

GALL BLADDER : Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.4 x 4.3)cm and uniform in echo-texture.

BOTH KIDNEYS : Are normal in size RK-10.8cm, LK- 11.0cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Is normal in size volume is 10.3cc ,regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

IMPRESSION: Fatty change in liver .Grade-1

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

AA
21-04-24

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040449 Receive: Print: 21/04/2024
Patient's Name : SAHIDUL ISLAM
Age : 38 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 86 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

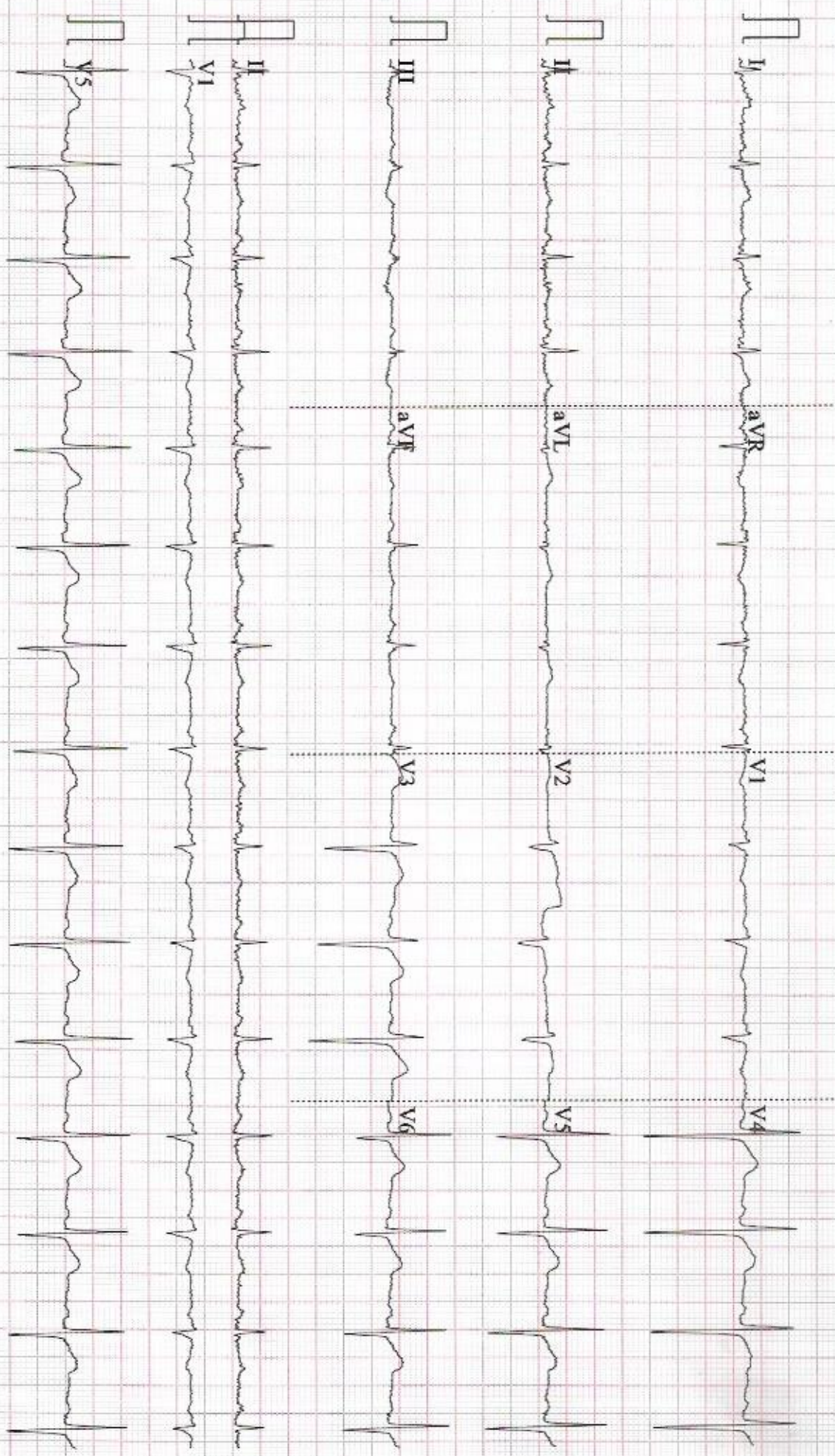
ID: 24020579
Sachdev Sam
Male 88 Years

21-04-2024 19:44:03

HR : 86 bpm
P : 98 ms
PR : 142 ms
QRS : 90 ms
QT/QTc : 360/431 ms
P/QRS/T : 64/62/11 °
RV5/SV1 : 1.13/0.418 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



TREADMILLSTRESS TEST

Patient ID	24040449	Test Date	21-04-2024		
Patient Name	SAHIDUL ISLAM	Age	38 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:5 Min
Max.HR attained : 167 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 168 bpm.
Maximum BP : 160/90 mmHg.
Max. work load attained :13.00METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- SAHIDUL ISLAM performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.


Dr. ROSEYAT PERVEEN
 MBBS, MD (Cardiology), NICVD, Dhaka
 Consultant, IBN SINA D-Lab, Uttara, Dhaka

Date: 21/04/2024

EYE EXAMINATION REPORT

NAME:	SAHIDUL ISLAM		
AGE:	38 YRS	RANK: CH.ENG	CDC NO:C/O/5631

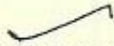
VISUAL ACUITY: RIGHT LEFT

UNAIDED

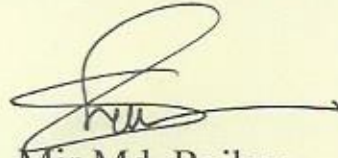
6/6

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

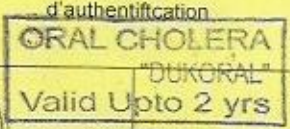
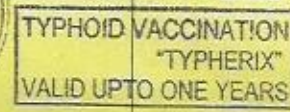
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

SAHIDUL ISLAM

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01/01/1986 Sex MALE
no' (e) le _____ sexe _____

Whose signature follows Sahidul
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cachet d'authentification
1		
2	DR. MIR, MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
3		
4		



The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qu'il comporte peut en affecter la validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

SAHIDUL ISLAM

This is to certify that JE Soussigne' (e) certifie que | date of birth / no' (e) le | **01/01/1986** | Sex / sexe | **MALE**

Whose signature follows | *Sahidul* | don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datee indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
21 APR 2024	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Borden), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period of ten years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, à dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.