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): RASUL SAIMA

Date of birth (day/month/year): 24/08/2002 Sex: ☐ male • ☑ female

Home address: Eastern Housing, Word No.-5, Block-D, House No.-262
Pallabi 2nd Phase, Mirpur 11½, Dhaka-1216

Passport No./Discharge Book No.: B00011759

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

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:

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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Saima Rasul Date (day/month/year): 16 APR 2024

Witnessed by: *(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. MR MD RAIHAN (the approved medical examiner).

Signature of examinee: Saima Rasul Date (day/month/year): 16 APR 2024

Witnessed by: *(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	N5	N5	✓			

	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)					
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 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

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Height: 160 (cm) Weight: 60 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regular

Blood pressure: Systolic: 100 (mm Hg) Diastolic: 70 (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	✓	☐
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	✓	☐	General appearance	✓	☐
Heart	✓	☐			
Skin	✓	☐			

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 16 APR 2024

Results: Normal

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:

Radical Hospital Ltd. Approved Shipping Surgeons

• ☑ 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: _____ Date of examination (day/month/year): 16 APR 2024

Medical certificate's date of expiration (day/month/year): 15 APR 2026

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

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.

Signature of medical examiner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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

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

Radical Hospital Ltd
As Per MLC-2006
DG Shipping Bangladesh Approved

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

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*) SAIMA RASUL		Gender: ✓ Male/Female*
Date of Birth: (*Day/month/year*) 24-08-2002	Nationality: Bangladeshi	Place of Birth: Satkhira

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: 16 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*) 16 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* 15 APR 2026		

16 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 Shipping 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.

Saima Rasul
Signature of Seafarer

*delete as appropriate

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

04.2024.6326

ANNEX B

MPA SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

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) RASUL SAIMA			Gender: ✓ Male/Female*
Date of Birth: day/month/year 24-08-2002	Place of Birth: Satkhira	Nationality: Bangladeshi	
Type of ID documents: NRIC No. / Passport No.: B00011759	Dept: Deck / Engine / Catering / others Rank: Engine Cadet	Type of ship: Tanker	
Home Address: Eastern Housing Road No.-5, Block-D, Pallabi 2nd Phase, Mirpur-11.5, Dhaka-1216	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. Epilesy/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?		✓

Radical Hospital Ltd. Page 2008

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.

16 APR 2024
Date

Saima Rasul
Signature of Seafarer

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.

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. MIR MD. RAIHAN.

16 APR 2024
Date

Saima Rasul
Signature of Seafarer

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.

Name and Signature of Witness

Radical Hospital Ltd
As Per MLC-2006
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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	N5	N5	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 160 (cm)		Weight 60 (kg)	
Pulse rate (per minute)	78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	100	Diastolic (mm Hg)	70
Urinalysis: Glucose : Nil	Protein: Nil	Blood: Nil	

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

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	✓	
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): 16 APR 2024

Results: Normal

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				

Radical Hospital Ltd. DG Shipping Bangladesh Approved As Per MLC-2006

☒ Without restrictions ☐ With restrictions

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

16 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

****

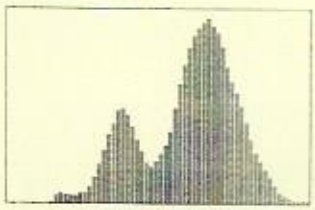
Radical Hospital Ltd As Per MLC-2006 DG Shipping Bangladesh Approved

ID NO	: 24040313	**Date**	: 16/04/2024
Patient's Name	: SAIMA RASUL	**Age**	: 21Y 7M 23D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/11376	**Sex**	: Female
Specimen	: Blood		

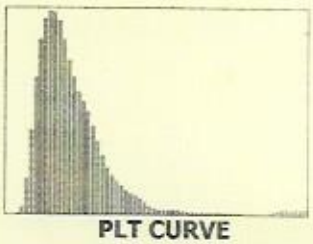
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

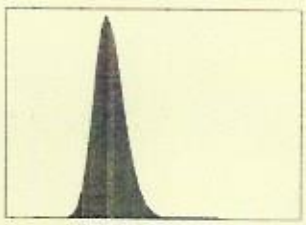
Parameter	Results		Reference Values
Haemoglobin(Hb)	**12.1**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**7,100**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	71	%	(40 - 75)%
Lymphocytes	22	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**213**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**251,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	10.6	fL	7.0 -11.0 fL
PDW-CV	16.6	%	10 - 18 %
PCT	0.27	%	0.10 - 0.28
P-LCR	31.3	%	9.00 - 45.00%
P-LCC	79	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.17**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	39.0	%	M: 40-54%, F: 37-47%
MCV	93.5	fL	76-94 fL
MCH	29	pg	27-32 pg
MCHC	31	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	15.1	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

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

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

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

Bill No	DIA24040313	Received Date	16/04/2024
Patient's Name	SAIMA RASUL		
Patient's Age	21Y 7M 23D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11376
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.7 mmol/l	4.2 – 6.4 mmol/l

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 Hospitals 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

Bill No	DIA24040313	Received Date	16/04/2024
Patient's Name	SAIMA RASUL		
Patient's Age	21Y 7M 23D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11376
Bill No	DIA24040313		

SEROLOGICAL REPORT

Test Name	Result
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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040313	Received Date	16/04/2024
Patient's Name	SAIMA RASUL		
Patient's Age	21Y 7M 23D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11376
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/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	DIA24040313	Received Date	16/04/2024
Patient's Name	SAIMA RASUL		
Patient's Age	21Y 7M 23D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11376
Sample	URINE		

SEROLOGICAL REPORT

Test Name	Result
Urine for pregnancy (ICT)	Negative

Checked By

Medical Technologist.
Radical Hospitals 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	DIA24040313	Received Date	16/04/2024
Patient's Name	SAIMA RASUL		
Patient's Age	21Y 7M 23D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11376
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's Name	:	**SAIMA RASUL**	ID NO	:	**24040313**
Age	:	**21 Yrs**	Date	:	**16/04/2024**
Sex	:	**Female**			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM**			

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT(opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] SAIMA RASUL

date of birth 24-08-2002 Sex Female

nationality Bangladeshi

national identification documents, if applicable Not applicable

whose signature follows Saima Rasul

has on the date indicated been vaccinated or received prophylaxis against (name of disease or condition)

in accordance with the International Health Regulations.

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]

Né(e) le de Sexe

et de nationalité

document d'identification national, le cas échéant

don't la signature suit

a été vaccine(e) ou a reçu des agents prophylactiques à la date indiquée contre: (nom de la maladie ou de l'affection)

Conformément au Règlement sanitaire international.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional Status of supervising Clinician Signature et titre du clinicien responsable	Manufacturer and Batch no. of vaccine or prophylaxis Fabricant du vaccine ou de l'agent prophylactique et numéro du lot	Certificate valid From: Until: Certificat valable à partir du: jusqu'au	Official stamp of the administering centre Cachet officiel du centre habilité
YELLOW FEVER VACCINE I. NO DAKAR	01 AUG 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.	2265	11 AUG 2023 Life of Person Vaccinated	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

This is to certify that / JE Soussigne' (e) certifie que: Saima Rasul — date of birth / no' (e) le: 24-08-2002 — Sex / sexe: Female

Whose signature follows / dont la signature suit: Saima Rasul

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 datc indiquee

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	01 AUG 2023	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2	DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

International Certificate of Vaccination or Prophylaxis
International Health Regulations (2005)

World Health Organization

Certificat international de vaccination ou de prophylaxie
Règlement sanitaire international (2005)

Organisation Mondiale de la Santé

Issued to / Délivré à

.....

Passport number or Travel document number
Numéro du passeport ou du document de voyage

.....