

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MAHMUD FOYSAL Sex: M Serial No: _____
Date of Birth: 12/04/1995 PP/CDC: C/O/9647 Rank: 2nd OFF
Vessel: Swift Sea Rider Type: oil tanker Route: WORLDWIDE
Home Address: MUZAFFARPUR, NARD-05, SHIBCHAR, MADARIDUR, BD

Company Name: DOSM

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc.)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
171cm	81kg	92-41	120/80	78/min	19/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	9							
	Other	Normal	Abnormal		Left ear	9							

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒	☒	FIT FOR SEA SERVICE AS 2ND OFF AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	☒
Eyes	☒	☒			Cardiovascular system	☒
Ears / Nose / Throat	☒	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒	☒			Genito-urinary system	☒
Musculo-Skeletal system	☒	☒			Others	☒
Nervous system	☒	☒			Hernia / Hydrocoele	☒
Reflexes	☒	☒			Varicose Veins	☒
Skin	☒	☒			Fissure/Fistula/Piles	☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.6 gm%	14-16 gm %	Colour
Total WBC count	6400 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	21 %		pH
Malarial parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	22 U/L	9-43 U / L	Bile pigment
S.Cholesterol	171mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	115mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 5.4 PPBS	upto 125 mg %	RBC cells
HbsAg			Leucocytes
HIV I & II			Others
VDRL			Spirometry: N/A
Others			Drugs of Abuse: Negative
Blood Group		GGTP U/L	USG:

ECG: Normal TMT: N/A
X-Ray Chest: Normal chest X-ray

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically
Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 26 APR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 27-04-24

27 APR 2024

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-010
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

04.2024.6429



COOK ISLANDS PHYSICAL EXAMINATION REPORT / CERTIFICATE

Ship
Registration
FORM. 31
v.3

Surname	MAAMUD		Given Name(s)	FOYSAL	
Date of Birth	Day 12	Month 04	Year 1995		
Place of birth	City MADARIPUR	County BANGLADESH			
Examination for Duty As		Mailing Address of Applicant		 (aff.) 	
Master	☐	MUZAFFORPUR, WARD-08,			
Deck Officer	☒	SHIBCHAR, MADARIPUR, BD			
Engineering Officer	☐	maad			
Radio Officer	☐				
Rating	☐				
Medical Examination See reverse side of medical requirements					
Height	Weight	Blood pressure	Pulse	Respiration	General appearance
		120/80 mm	78b/min	19 1/2/min	Good
Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses					
Without Glasses	6/6	6/6		mm	mm
Dental					
The applicant is free from visual infections of the mouth cavity or gums				Yes ☒	No ☐
Colour Test					
Book ☒		Lantern ☒			
Red ☒	Yellow ☒	Blue ☒	Green ☒		
Are glasses or contact lenses required to meet the required vision standard				Yes ☐	No ☒
Head and Neck		Heart (Cardiovascular)			
Normal		Normal			
Lungs		Speech			
Normal		Deck/Navigation - Officer/Radio Officer ☒ Speech must be unimpaired for normal voice communication			
Upper extremities		Lower extremities			
Normal		Normal			

04.2024.6429



Is applicant vaccinated in accordance with WHO requirements ** Yes ☒ No ☐
Is the applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/ her unfit for service at sea or likely to endanger the health of other persons on board?

No .

Is the applicant taking any non-prescription or prescription medications Yes ☐ No ☒
If yes please describe below

Signature of Applicant

Date

To be affixed in the presence of the examining physician

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FOYSAL MAHMUD who is / not* certified to be free of communicable disease
Name of applicant

She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

*delete as appropriate

PHYSICIAN NAME : RADICAL HOSPITAL LIMITED

ADDRESS: Uttara, Dhaka, Bangladesh

PHYSICIANS CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

LICENCE NUMBER: A-55144

DATE OF ISSUE*: 27 APR 2024

DATE OF EXPIRY*: 26 APR 2026

*of this certificate

Signature of Physician

27 APR 2024

Date

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



INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug related problems and/or injuries. In addition, the following minimum requirements shall apply:

- 1) Hearing
 - a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)
- 2) Eyesight
 - a) Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
 - b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
 - c) Engineer and radio officer applicants must have (either with or without) glasses at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.
- 3) Dental
 - a) Seafarers must be free from infections of the mouth cavity or gums
- 4) Blood Pressure
 - a) An applicant's blood pressure must fall within an average range

27 APR 2024

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DR. MIR. MD. RAIHAN
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General Physician
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5) Voice

- a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations

- a) All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions

- a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements

- a) Applicants for able seafarer, bosom, GP-I ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.



ID NO : 24040594

Date : 27/04/2024

Patient's Name : FOYSAL MAHMUD

Age : 29Y0M15D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9647

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)	14.6 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	6,400 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	61 %	(40 - 75)%	
Lymphocytes	31 %	(20-45)%	
Monocytes	05 %	(2-10)%	
Eosinophils	03 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	192 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	204,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	11.4 fL	7.0 -11.0 fL	
PDW-CV	17.1 %	10 - 18 %	
PCT	0.23 %	0.10 - 0.28	
P-LCR	37.3 %	9.00 - 45.00%	
P-LCC	76 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.74 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	46.2 %	M: 40-54%, F: 37-47%	
MCV	80.6 fL	76-94 fL	
MCH	25.5 pg	27-32 pg	
MCHC	31.7 g/dL	29-34 g/dL	
RDW SD	44 fL	30.0-57.0 fL	
RDW CV	16 %	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	DIA24040594	Received Date	27/04/2024
Patient's Name	FOYSAL MAHMUD		
Patient's Age	29Y 0M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9647
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.4 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/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 Hospital Ltd.

Dr. Sumaiya Khatun

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

Bill No	DIA24040594	Received Date	27/04/2024
Patient's Name	FOYSAL MAHMUD		
Patient's Age	29Y 0M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9647
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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Checked By

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

Bill No	DIA24040594	Received Date	27/04/2024
Patient's Name	FOYSAL MAHMUD		
Patient's Age	29Y 0M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9647
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	1-2/HPF

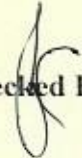
CHEMICAL EXAMINATION CASTS / LPF

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	DIA24040594	Received Date	27/04/2024
Patient's Name	FOYSAL MAHMUD		
Patient's Age	29Y 0M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9647
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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040594 Receive: 27/04/2024 Print: 27/04/2024
Patient's Name : FOYSAL MAHMUD
Age : 29 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

Patient ID	24040594	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	27/04/2024
Patient Name	FOYSAL MAHMUD		
Age	29 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 mildly enlarged in size 14.6 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.

PANCREAS :- Normal size regular in shape. Echogenicity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.4 x 5.0)cm and uniform in echo-texture.

BOTH KIDNEYS : Are normal in size RK- 9.7 cm, LK- 10.5cm regular in shape. The cortical echogenicity are normal with clear cortico-medullary 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 9.1 cc ,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

ID: 24020579

27-04-2024 19:53:28

Male 29 Years

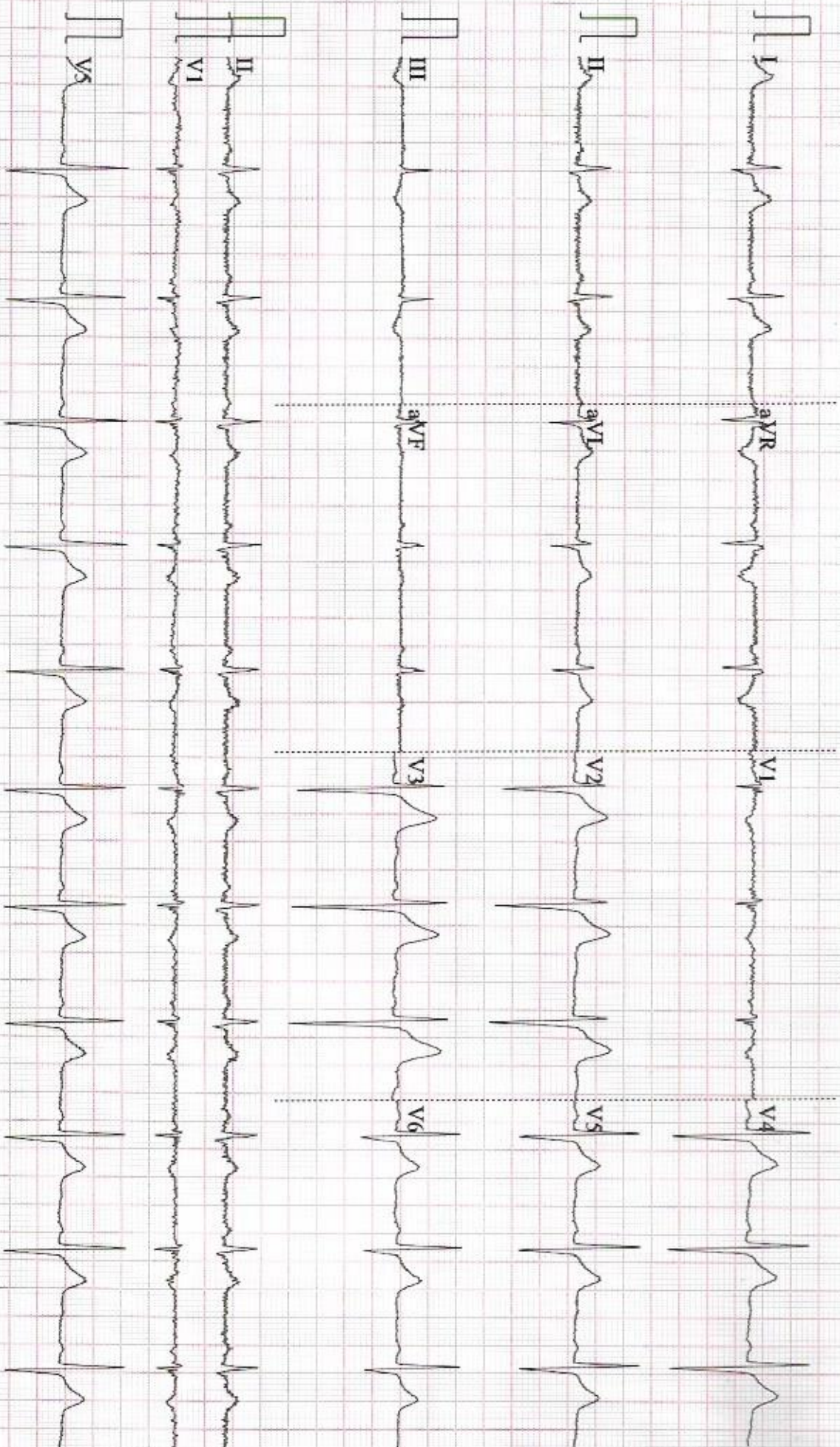
Forrest Marshall

HR : 69 bpm
P : 118 ms
PR : 152 ms
QRS : 92 ms
QT/QTc : 368/395 ms
P/QRS/T : 34/74/8 °
RV5/SVI : 1.16/0.307 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040594 Receive: Print: 27/04/2024
Patient's Name : FOYSAL MAHMUD
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 69 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

This report has been electronically signed

Page 1 of 1

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

This is to certify that
JE Soussigne' (e) certifie que FOYSAL MAHMUD date of birth 12-04-1995 Sex M
no' (e) le sex sexe
Whose signature follows
dont la signature suit [Signature]
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
27 APR 2024	<u>[Signature]</u>	ORAL CHOLERA DUKORAL Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Tajrish 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.

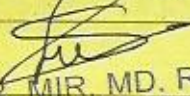
Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

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 qui 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**

This is to certify that FOYSAL MAHMUD date of birth 12-04-1995 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows _____
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 la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
27 APR 2024	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Biomem), PGT (Orph), BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
2			
3			
4			

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 his 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, ou 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 altération ou omission sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.