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: AHAMED (Surname) MOHAMMED (First Name) IKBAL (Middle Initial) Sex: M Serial No:

Date of Birth: 14 AUG 1973 PP/CDC: G02839 Rank: CH. OFFICER

Vessel: M V MERCURY ACE Type: CAR CARRIER Route: WORLD WIDE

Home Address: HOUSE NO 285 ROAD NO. 12 PADMA R/A RAJSHAHI BANGLADESH.

Company Name : WALLEM SHIPMANAGEMENT

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
171cm	78kg.	93-91 cms	120/80 mmHg	78 b/min	19 b/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal ✓ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	Normal	Abnormal

Hearing: Right Ear / Left ear

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS CH. OFF
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13 gm%	14-16 gm %
Total WBC count	5400 cu.mm	4000-11000 / cu.mm
	Neu 57 % Lymp 32 % Eos 03 Ba 00 % Mo 02 %	
Malarial parasite	Not Found.	
ESR	10 mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg		
HIV I & II		
VDRL		
Others		GGTP U/L
Blood Group		

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

ECG : Normal TMT: N/D

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

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

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: 27 APR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 28 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

28 APR 2024

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

04.2024.6437

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☐ Periodic Exam: ☑ Other: ☐

Examination for duty as:
Master: Y/N: ___
Deck Officer: Y/N: Y
Eng Officer: Y/N: ___
Ratings: Y/N: ___
Cook: Y/N: ___
Other: Y/N: ___
Please specify ___

DR. MIR MD RAIHAN * RADICAL HOSPITALS LTD * REG. NO. A-55

Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
☑	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:	WALLEM MUMBAI Valecha Chambers, Floor 1, Plot B-6, Andheri New Link Road, Andheri West +91 22 4099 4000				
Vessel to be assigned:	M.V. MERCURY ACE	Routine & Emergency Duties (if known):		Position Offered/ Applied for:	CH. OFFICER
Type of vessel (Container, Tanker, Passenger etc):	CAR CARRIER				
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☑		

Part I - Examinee's Personal Declaration with Medical History
(Examinee is to be answer the following to the best of examinee's knowledge)
(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	AHAMED MOHAMMED IKBAL				
Home/ Permanent Address:	HOUSE No. 285 ROAD No. 12, PADMA R/A. RAJSHAHI 6207				
Mailing Address:	SAME AS ABOVE				
Date of birth (day/month/year):	14 / 08 / 1973	Sex:	M		
Place of Birth:	City: RAJSHAHI Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	CH. OFFICER
Civil Status:	MARRIED				
Identity Docs/ Passport /Discharge Book No:	5541836135 / B00093459 / C/02859				

Examinee's Medical History

Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record		Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓			Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions		✓		✓

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

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 2 of 7

		✓		✓	Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓

for Male Examinee	**Yes**	**No**	**If "Yes", give details**	**for Female Examinee**	**Yes**	**No**
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓
Penile Discharge		✓		Pregnancy		✓
Multiple Partners		✓		Multiple Partners		✓

If "Yes", to any of the above, please explain:

Additional questions :	**Yes**	**No**
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓
Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
__In the last one week have you consumed any of these Drugs/ Medication__		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Calpol/ Zitwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓

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

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21

To What Extent Do You Use: Alcohol: NO, Cigarettes: NO
Tobacco: NO, Drugs: NO

Are you taking any non prescription or prescription medications?		✓

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

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

Family History :	Yes	No
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓

If "Yes", to any of the above, please explain:

Any other major conditions?

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I holding Passport/Seaman Book no. hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and 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 practitioner carrying out the medical examinations).

Signature of Examinee:		Date(day/month/year):	28 APR 2024

Height in cms: 171		Weight in Kg: 78	
BMI: 26.6		Temperatures: 98°F	
Chest:	Insp: 43	Exp: 41	

Blood Pressure	Systolic 130 (mmHg)	Diastolic 80 (mmHg)	
Pulse Rate: 78 b/min Rhythm: Regular		Respiratory rate 19 b/mm	
Oral Health Good		General Condition Good	

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.
BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular

Visual fields		
	Normal	Defective
Right eye		

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

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Distant	6/6	6/6	✓			
Near	N5	N5	✓			

Left eye	✓	✓

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: ~~Book~~ *	~~Lantern~~ *	~~Ishihara~~ *	CIE-43-2001 *			
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	~~Normal~~	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 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 (Meters)		
	Normal	Whisper
Right ear	4	4
Left ear	4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins		
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓			✓	

Chest X-ray (PA) ~~Not performed~~ * ~~Performed~~ * **on (day/month/year):** 28 APR 2024 **Normal** ✓ **Abnormal**

Result : Normal chest X-ray

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

Test: Blood+urine **Result:** Normal.

Investigation:

Blood	Result	Normal	Urine	Result
Haemoglobin "Hb"	13 g/dl	13 – 18 gm/ dl	Colour	Sm
Total WBC count	5900	4,000 - 11 / cu.m	Specific Gravity	N/

Additional Tests	Result	Normal
(HbA1c)	5.3	4.0 % - 6.5 %
RBS/ FBS (Blood test	6.16	

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

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Neu 57 %, Lymp 33 %, Eos 02 %, Bos 0 %, Mo 02 %

Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	10	1 - 15 mm / hr
Platelets	298000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	150	25-200 mg/dl
Cholesterol Serum	130	130-220 mg/dl
HDL Cholesterol Serum	40	35-65 mg/dl
LDL Cholesterol Serum	60	85-150 mg/dl
VLDL Cholesterol Serum	NIL	07-35 mg/ dl
Total / HDL Cholesterol	NIL	3.0-5.0
LDL/ HDL Cholesterol	NIL	2.5-3.5

Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

pH	Nil
Albumin	4
Sugar	4
Bile Pigment	4
Bile Salt	4
Occult Blood	4
RBC Cells	4
Leucocytes	4
Stool Test	**Result**
Bacterological	4
Parasitical	4
Others	4
HIV I &II	Negative
VDRL	Non Reactive.

Total Bilirubin	0.59	0.1 - 1.0 mg/dl
Direct Bilirubin	NIL	0.0 - 2.5 mg/dl
Indirect Bilirubin	NIL	0.0 - 0.75 mg/dl
SGPT	30	9 - 43 U / L
SGOT	26	0 - 40 IU/L
SGGT	34	0 - 49 IU/L
Blood Urea	NIL	10 - 50 mg/dl
S. Creatinine	1.03	0.8 - 1.4 mg/dl
BUN	20	5-23mg/dl
PSA	NIL	Less than 4.00 ng/ml
Malarial Parasite	NIL	
Uric Acid	4.7	2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	~~Amphetamines/~~ Urine *	~~Barbiturate/ Urine *~~	~~Marijuana, THC, Cannabinoids /~~ Urine *	~~Cocaine /~~ Urine *	~~Opiates & Morphine *~~

Spirometry	NIL	TMT	NIL	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	No rmal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? ~~Yes~~ / No

Vaccination status recorded: Yes / ~~No~~ Satisfactory * to be renewed *
Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	~~Pass~~		Fecalysis (food service/ handlers	~~Pass~~	

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

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended **(Confidential Document)**	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7

Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	
If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:					
This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No					

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	* ✓	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,**

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit FIT FOR DUTY ON BOARD SHIP

This is to certify MOHAMMED IKBAL AHAMED was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination RADICAL HOSPITAL LIMITED, UTTARA, DHAKA Date of medical examination: _____
Medical certificate validity date (day/month/year): 27 APR 2026 Name of Examiner DR. MIR MD. RAIHAN
(Validity should not be more than 2 years)
_____ Degree: MBBS,(DU). DFM Address: 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230 Tel./Fax/Email: DRRAIHAN@GMAIL.COM Name of Medical Examiner/ Physician
Certificate /License Issuing Authority:DG SHIPPING BANGLADESH Date of issue of Medical Examiner/Physician Certificate/ License: 06-MAY-2014 Registration No.: A-55144

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner)
(print name of medical examiner if not legible) and I acknowledge that
I have been advised of the content of the medical certificate & d

Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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.

right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 28 APR 2024

Original: Master & Crewing Dept
cc: Seafarer
Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

Radical Hospital Ltd. As Per MLC-2006 DGShipping Bangladesh Approved

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: AHAMED	GIVEN NAME (S): MOHAMMED IKBAL
DATE OF BIRTH: DAY 14 MONTH AUG YEAR 1973	PLACE OF BIRTH CITY RAJSHAHI COUNTRY BANGLADESH; SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOUSE NO 285 ROAD NO. 12 PADMA R/A, P.S CHANDRIMA. RAJSHAHI BANGLADESH

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	☐ BOOK ☐ LANTERN YELLOW ✓ RED ✓ GREEN ✓ BLUE ✓	RIGHT EAR ✓
LEFT EYE	6/6.	—		LEFT EAR ✓

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 28 APR 2024

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

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

Signature of Applicant	Name of Applicant	Date
	MOHAMMED IKBAL AHAMED	28 APR 2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved DATE: 28 APR 2024

EXPIRY DATE OF CERTIFICATE: 27 APR 2026

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

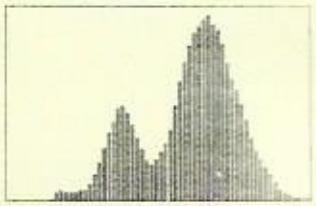
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24040616**	**Date**	**: 28/04/2024**
Patient's Name	**: MOHAMMED IKBAL AHAMED**	**Age**	**: 50Y8M14D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/2859**	**Sex**	**: Male**
Specimen	**: Blood**		

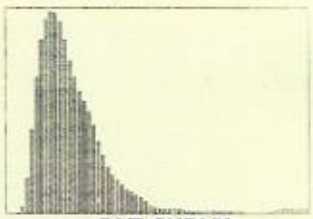
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

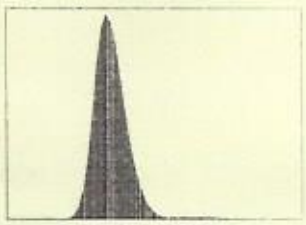
Parameter	Results		Reference Values
Haemoglobin(Hb)	**13**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**5,900**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	57	%	(40 - 75)%
Lymphocytes	33	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**236**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**298,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	9.3	fL	7.0 -11.0 fL
PDW-CV	16.8	%	10 - 18 %
PCT	0.28	%	0.10 - 0.28
P-LCR	24.7	%	9.00 - 45.00%
P-LCC	74	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.57**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	42.4	%	M: 40-54%, F: 37-47%
MCV	76.2	fL	76-94 fL
MCH	23.3	pg	27-32 pg
MCHC	30.6	g/dL	29-34 g/dL
RDW SD	42	fL	30.0-57.0 fL
RDW CV	16.3	%	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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040616	Received Date	28/04/2024
Patient's Name	MOHAMMED IKBAL AHAMED		
Patient's Age	50Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2859
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.16 mmol/l	4.2 – 7.8 mmol/l
HbA1C	5.3%	<6.5 %
Serum Creatinine	1.03 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	4.7 mg/dl	3.4-7.0 mg/dl
Gamma GT	34 U/L	Adult Males : <55
Serum (BUN)	20 mg/dl	7-23 mg/dl
Total Protein	6.5 g/dl	6.3-7.9 g/dl
Serum Albumin	4.2 gm/L	3.7-5.5 gm/L
Liver Function Test		
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Lipid profile		
Serum Cholesterol	130 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	40 mg/dl	35-55 mg/dl
Serum Triglyceride	150 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	60 mg/dl	<130 mg/dl

Checked By

Medical Technologis
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	DIA24040616	Received Date	28/04/2024
Patient's Name	MOHAMMED IKBAL AHAMED		
Patient's Age	50Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2859
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

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

RADICAL HOSPITAL LIMITED

Bill No	DIA24040616	Received Date	28/04/2024
Patient's Name	MOHAMMED IKBAL AHAMED		
Patient's Age	50Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2859
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

Bill No	DIA24040616	Received Date	28/04/2024
Patient's Name	MOHAMMED IKBAL AHAMED		
Patient's Age	50Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2859
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient's Name	:	**MOHAMMED IKBAL AHAMED**	ID NO	:	24040616
Age	:	**50 Yrs**	Date	:	28/04/2024
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

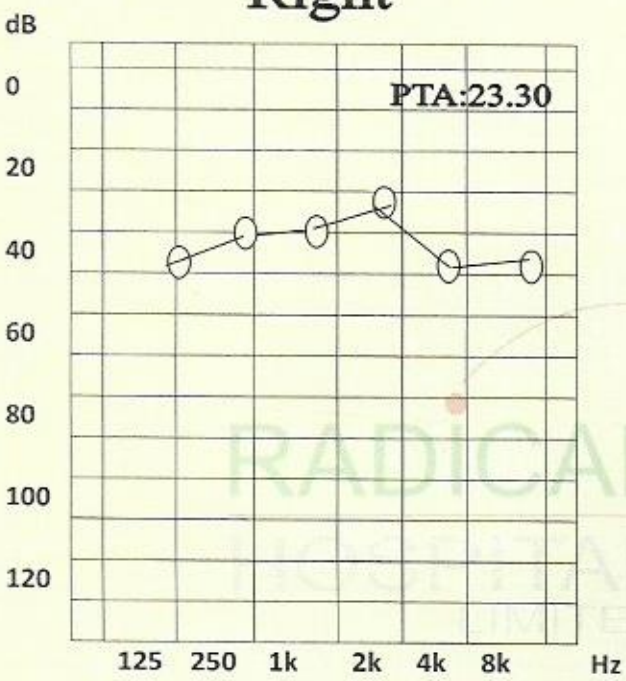
Patient Name : MOHAMMED IKBAL AHAMED 28/04/2024

Age : 50 Yrs

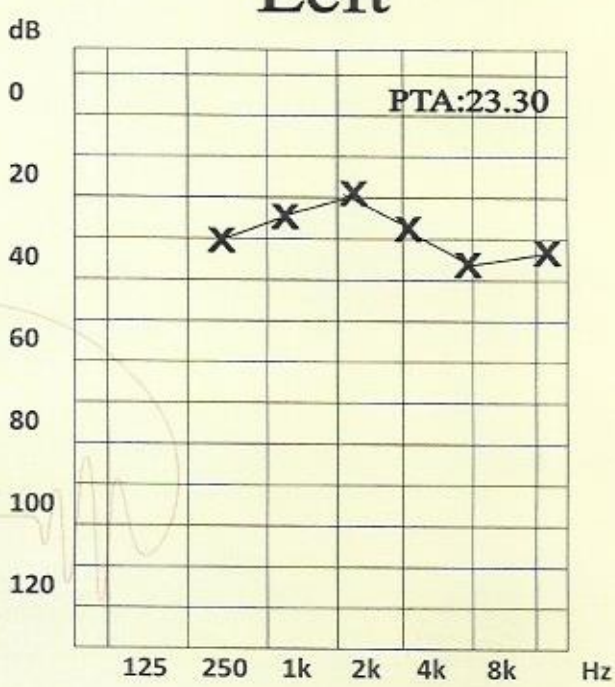
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking	OX	
Bone Unmasking		
	Right Ear	**Left Ear**
Air Masking	OX	
Bone Masking	ΔΔ	

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040616	Receive:28/04/2024	Print: 28/04/2024
Patient's Name	:	**MOHAMMED IKBAL AHAMED**		
Age	:	50 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.

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

Patient ID	24040616	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	28/04/2024
Patient Name	MOHAMMED IKBAL AHAMED		
Age	51 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 14.8 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 (8.9 x 2.9)cm and uniform in echo-texture.

BOTH KIDNEYS : Are normal in size RK-9.1m, LK- 10.6cm 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 mildly enlarged in size volume is 26.7 cc ,regular in shape.
Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of – 1. Fatty change in liver .Grade-1
2. Mildly enlarged prostate gland.

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist
28.04.24

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040616	Receive: Print: 28/04/2024		
Patient's Name	:	**MOHAMMED IKBAL AHAMED**			
Age	:	50 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	60 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

Date: 28/04/2024

EYE EXAMINATION REPORT

NAME:	**MOHAMMED IKBAL AHAMED**		
AGE:	**50 YRS**	**RANK: CH.OFF**	**CDC NO:C/O/2859**

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

Patient's Name	:	**MOHAMMED IKBAL AHAMED**	ID NO	:	**24040616**
Age	:	**50 Yrs**	Date	:	**28/04/2024**
Sex	:	**Male**			
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

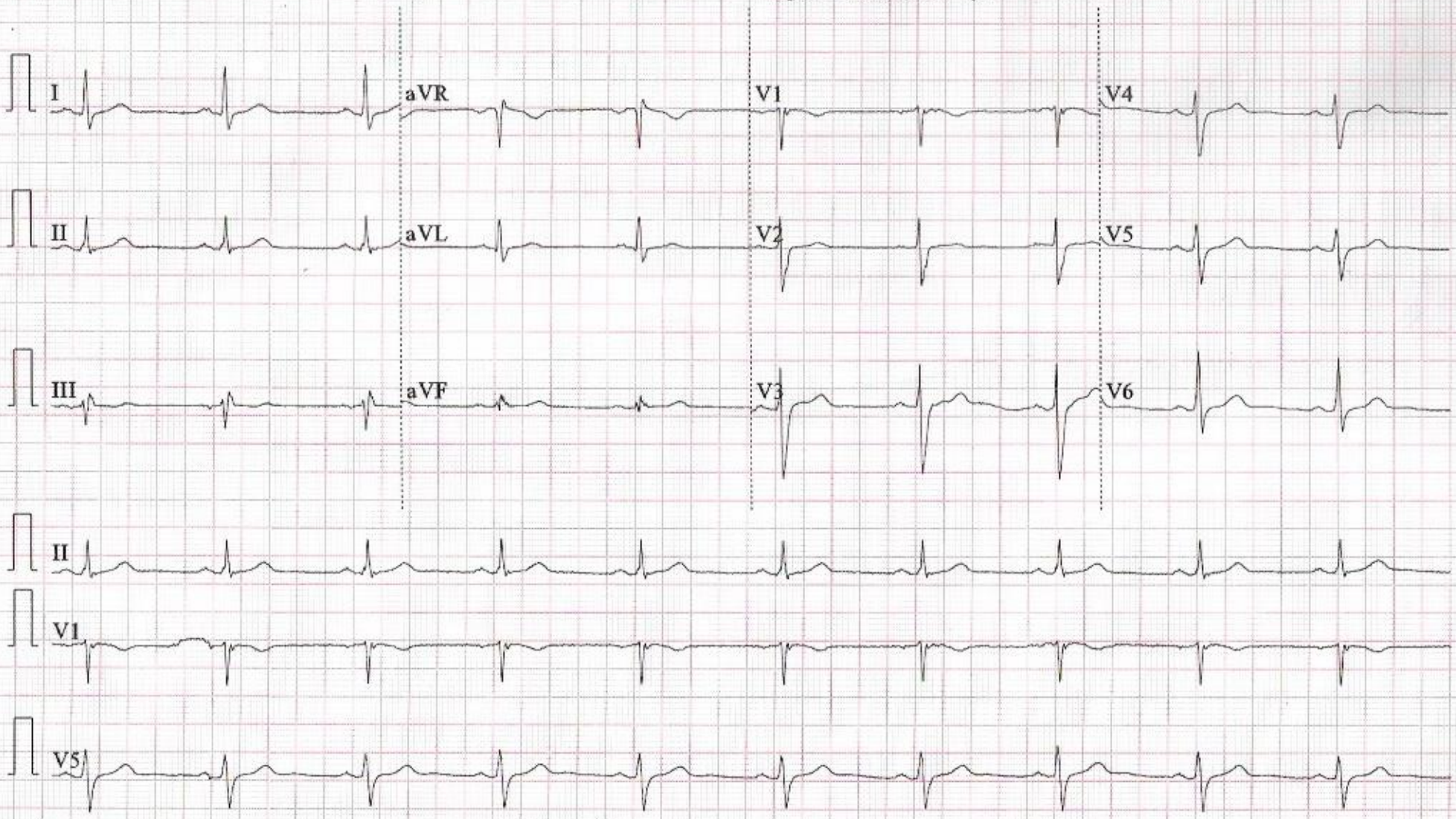
ID: 24020579
Mohammad Iqbal Ahmad
Male 50 Years

27-04-2024 12:48:03

HR	: 60	bpm
P	: 120	ms
PR	: 160	ms
QRS	: 114	ms
QT/QTc	: 416/416	ms
P/QRS/T	: 17/26/37	°
RV5/SV1	: 0.444/0.677	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥60 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

Patient ID	24040616	Test Date	28-04-2024		
Patient Name	MOHAMMED IKBAL AHAMED	Age	50 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 :

- **MOHAMMED IKBAL AHAMED** 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MOHAMMED IKBAL AHAMED

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 14 Aug 1973 | Sex / sexe: M

Whose signature follows / 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 datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	28 APR 2024 DR. MIR MURAIHAN 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 Mokhdum Avenue Uttara, Dhaka BANGLADESH
2		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins 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 perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MOHAMMED IKBAL AHAMED

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 14 AUG 1973 | Sex / sexe: M

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 ia datc indiquee.

Date	Signature and professional Stahtus of vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricani du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 28 APR 2024	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	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his 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 sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_'tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.