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: SAYED (Surname) ABU (First Name) (Middle Initial) Sex: M Serial No:

Date of Birth: 13/09/1994 PP/CDC: C10111914 Rank: 3/O

Vessel: M.V Lucky Wisdom Type: General cargo Route:

Home Address: Ashira para, chandash, mohadevpur, nagon. Naogaon.

Company Name :

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		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / 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		✓		✓	Malligant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
184cm	80 Kg.	43-41	120/80 mmHg	78 b/min	19 b/min	Gw

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

Colour Vision		Normal	Abnormal
	Ishihara	Normal	Abnormal
	Other	Normal	Abnormal

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					

Hearing	Right Ear	Left ear
	4	4

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 3/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	14.5 gm%	14-16 gm %
Total WBC count	7300 cu.mm	4000-11000 / cu.mm
Neu 67 % Lymp 25 % Eos 03 Ba 00 % Mo 05 %		
Malarial parasite	not found.	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	28 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 5.6 PPBS	upto 125 mg %
HbsAg		
HIV I & II		
VDRL		
Others		
Blood Group		

GGTP U/L

Urine	
Colour	Gw
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/M

Drugs of Abuse: Negative

USG: Normal

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ BMDC 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: 28 APR 2026

Candidate's Signature

Date: 29 APR 2024

Official Stamp

Radical Hospital Ltd. As Per MLC 2006 Shipping Bangladesh Approved

Doctor's signature:

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

04.2024.6445

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*) SAYED ABU		Gender: ~~Male~~/Female*
Date of Birth: (*Day/month/year*) 13/08/1994	Nationality: BANGLADESHI	Place of Birth: NAOGAON

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: 29 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*) 29 APR 2024		
10	Expiry of certificate: (*day/month/year*) 28 APR 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

29 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.

Signature of Seafarer

* delete as appropriate

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

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

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) SAYED ABU		Gender: Male/Female*
Date of Birth: day/month/year 13/08/1994	Place of Birth: NAOGAON / Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A02068731	Dept: Deck / Engine / Catering / others Rank: 3/O	Type of ship: GENERAL cargo.
Home Address: Akhira para, Chandash mohadevpur, naogaon.	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

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	N/A	✓	34. Fracture/dislocations		✓

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

Radical Hospital Ltd. As Per MLC 2006 Approved for Seafarers

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.

29 APR 2024

Date | Signature of Seafarer | Name and Signature of Witness

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 (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR MD. RAIHAN.

29 APR 2024

Date | Signature of Seafarer | Name and Signature of Witness

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

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

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	180 (cm)		Weight	80 (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	✓	

Radical Hospital Ltd. DG Shipping Bangladesh Approved

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): 29 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				

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.)

29 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

****

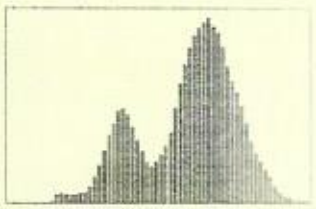
Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

ID NO	**: 24040640**	**Date**	**: 29/04/2024**
Patient's Name	**: ABU SAYED**	**Age**	**: 11914**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/11914**	**Sex**	**: Male**
Specimen	**: Blood**		

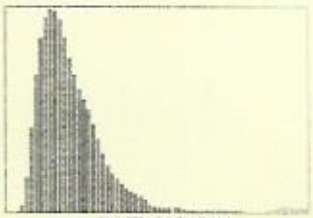
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

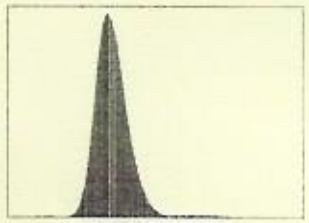
Parameter	Results		Reference Values
Haemoglobin(Hb)	**14**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**06**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**8,300**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	67	%	(40 - 75)%
Lymphocytes	25	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**249**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**206,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	13.4	fL	7.0 -11.0 fL
PDW-CV	17.9	%	10 - 18 %
PCT	0.28	%	0.10 - 0.28
P-LCR	49.7	%	9.00 - 45.00%
P-LCC	102	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.33**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	45.6	%	M: 40-54%, F: 37-47%
MCV	85.5	fL	76-94 fL
MCH	26.2	pg	27-32 pg
MCHC	30.6	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	18.1	%	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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040640	Received Date	29/04/2024
Patient's Name	ABU SAYED		
Patient's Age	29Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11914
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	28.0 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 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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11914
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
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East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

Bill No	DIA24040640	Received Date	29/04/2024
Patient's Name	ABU SAYED		
Patient's Age	29Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11914
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 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	DIA24040640	Received Date	29/04/2024
Patient's Name	ABU SAYED		
Patient's Age	29Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11914
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040640	Receive: Print: 29/04/2024		
Patient's Name	:	**ABU SAYED**			
Age	:	29 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	76 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

ID: 24020579

Male 30 Years

29-04-2024 13:11:13

HR	: 76	bpm	
P	: 112	ms	
PR	: 158	ms	
QRS	: 82	ms	
QT/QTc	: 354/398	ms	
P/QRS/T	: 56/43/27	°	
RV5/SV1	: 2.445/1.185	mV	

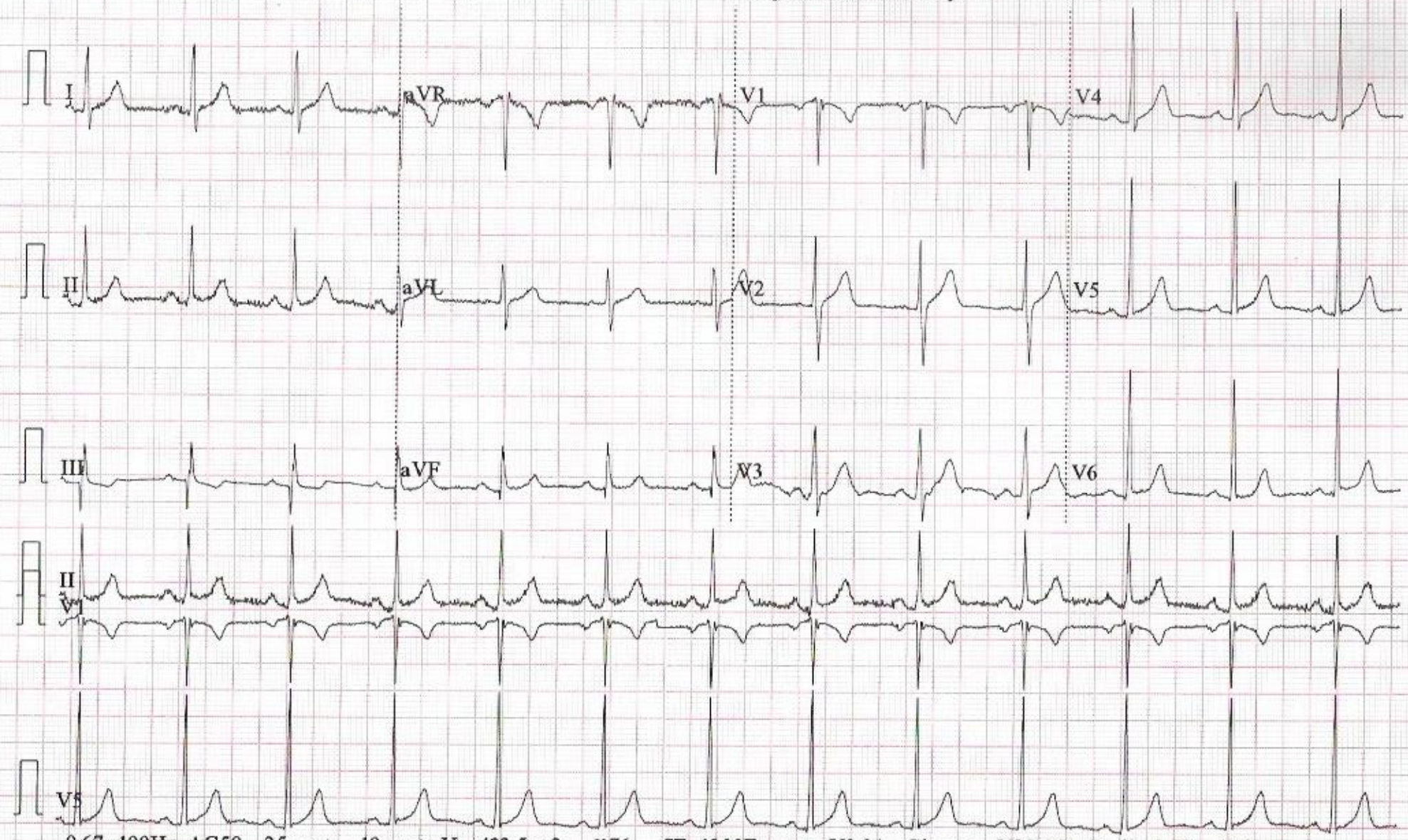
Diagnosis Information:

Sinus rhythm

Possible left atrial abnormality

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥76 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040640	Receive:29/04/2024	Print: 29/04/2024
Patient's Name	:	**ABU SAYED**		
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

This report has been electronically signed.

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

This is to certify that ABU SAYED date of birth 13/08/1994 Sex M
JE Soussigne' (e) certifie que no' (e) le sexe

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 vacemateur	Approved Stamp Cechet d'authentiftcation
1 29 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
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 unc 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 cettc 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 quelconquc 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

This is to certify that / JE Soussigne' (e) certifie que: ABU SAYED — date of birth / no' (e) le: 13/08/1994 — Sex / sexe: M

Whose signature follows / don't 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 fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 29 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	YELLOW FEVER VACC L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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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 l' 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.