FR-HR22 Rev No: 1.1

Rev Date: 23.09.2020 Approved By: MR

Pre Employment Medical Examination (PEME)

Medical Standard-Implementation

| | | | Test Score |
|----------------------------|--|--|---|
| <45 years old | 2 yearly | Flagstate- STCW/MLC2006 | N.A |
| @ 45 Years | 1 time screening | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |
| Age > 45 < 50 years old | 2 yearly | Flagstate- STCW/MLC2006 | Yes |
| ≥ 50 Years old | Yearly | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |
| All Age Group | Yearly | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |
| | Age > 45 < 50 years old ≥ 50 Years old All | Age > 45 < 50 years old 2 yearly ≥ 50 Years old Yearly All Yearly | @ 45 Years 1 time screening Flagstate-STCW/MLC2006 + UK P&I standard + Age > 45 < 50 years old 2 yearly Flagstate-STCW/MLC2006 Flagstate-STCW/MLC2006 + UK P&I standard + Flagstate-STCW/MLC2006 + UK P&I standard + Flagstate-STCW/MLC2006 + UK P&I standard + |

^{*}Framingham test (Link on page 9 of Guidance notes)- Analysis of 10 year risk of coronary heart disease.

Notes: For staff under medication, the medicine should be available for the full contract duration + two month. The seafarer is required to inform the Master if he/she is under medication and show the medicines carried.

04.2024.5996





FR-HK. Rev No: 1.. Rev Date: 23.09.2020 Approved By: MR

| Name (last, first, middle): | ALAM MD KHURSHED | Company ID : | 208046 |
|---|---------------------------------------|-----------------------------|------------------------|
| Date of birth (DD/MMM/YYYY): | 17- JULY-1970 | Gender (Female / Male): | MALE |
| Home address: | PLOT MO-492, STH AVE-03. MIRPUR DO | FLEUR, ROYD OHS. PALLAGI | MO-07. . DHAKA-1246 |
| Passport No.: | B00526000 | Discharge Book No.: | CO13149 |
| Type of ship (LNG / Petroleum / Chemical tanker): | PETROLEUM | Nationality: | BANGLABERHI |
| Trade area (e.g., coastal, worldwide): | WORLD WIDE | Rank: | UE . |

| | | Result(s) | | Remark(s) |
|-------------|----------------|-------------------|---|-----------|
| Sect. | Items | Positive Negative | | Remark(s) |
| Α | Alcohol | | | |
| В | Drug | | | |
| | Amphetamine | | | |
| | Cannabinoids | | | |
| | Cocaine | | | |
| Arramon and | Opiates | | | |
| | Phencyclidine | | / | |
| | Benzodiazepine | | / | |
| | MDMA (Ecstasy) | | | |

| Sect. | Items | Normal | Abnormal | Remark(s) |
|-------|--------------------------------------|--------|----------|-----------|
| С | Spirometer (Pulmonary Function Test) | / | | |
| Sect. | Items | Normal | Abnormal | Remark(s) |
| D | Audiometry Test | | | |
| Е | Blood Test | | | |
| E | Blood Test | 1 | | |
| | 1. Full Blood Picture, CBC, Blood | | | |
| | typing, blood chemistry. | | | |
| Sect | | Normal | Abnormal | Remark(s) |
| Sect | | Normal | Abnormal | Remark(s) |
| Sect | ITEMS | | Abnormal | Remark(s) |



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| | 5. HIV Test | negative | | |
|-------|---|----------|----------|------------|
| | 6. VDRL | Nogahu | | |
| | 7. SGPT | hunml | | 260PL |
| | 8. SGOT | Nonmel | | 24010 |
| | 9. Bilirubin | Nonmel | | O.SEMICI |
| | 10. Alkaline phosphatase | Normy. | 101 | 173 mm |
| | 11.BUN | Normal | | 2000/11 |
| | 12.Creatinine | Norm 1. | | 0.85 mAlde |
| | 13. FBS (Fasting Blood Sugar) & Post Prandial | Mmml | | 15-620M |
| F | Blood Test (Chemical Tankers only if carrying any of the below chemical) To test within 2 weeks of signing-off. Any other tests specified by DOSH (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying. | Norm 1 | | |
| | 1. Benzene | negene | | |
| | 2. Xylene | Negal | | |
| | 3. Phenol | Negam | 9-1-1 | |
| | 4. Ammonia | Negah | | |
| Sect. | Items | Normal | Abnormal | Remark(s) |
| G | ECG | | | |
| Н | USG (Full abdomen) + KUB ultrasound | _ | | |
| I | Chest X-Ray (Digital) | / | | |
| J | Psychological Examination | | - | |
| K | Dental Examination | | | |
| L | Stool Test (For Food Handlers Only) | | | |
| M | Pregnancy (For Female Only) | / | | |
| N | Urinalysis (Protein / Sugars) | | | |
| 0 | Treadmill test | | | |
| Sect | Items (Medical standards**) | Normal | Abnormal | Remark(s) |
| P | 1. Body Mass Index (BMI) Please enter weight and height below. Weight = 76 Kgs Height = 168 metres BMI = Weight (in kgs) ÷ (height in | | | 26.9 |



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| | < 2.58 : Optimal 2.58 – 3.34: Near optimal 3.35 – 4.11: Borderline 4.12 – 4.89: High > 4.9 : Very high | Young | 163 MACE |
|-------|--|-------|------------|
| | Hypertension (With medication) | young | |
| | 4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) *Classification standard for diabetes: 3.0 - 6.0%: Non-diabetic 6.1 - 7.0%: Good control 7.1 - 8.0%: Fair control > 8.1%: Poor control | Young | 5.3% |
| | 5. Asthma | Young | |
| **Ref | er Guidance Notes page 8 | | |
| Q | Vaccination History | | Last Taken |
| | 1. Oral Cholera | | |
| | 2. Yellow Fever | | |
| | 3. Typhoid (Catering Staff Only) | | |
| | 4. Others (Please Specify): | | |
| | | | |

| R | Examinee's personal declaration (Assistan | nce shou | uld be offered b | y medical staff) |
|--------|--|------------|------------------|-------------------|
| Have y | ou ever had any of the following conditions? | | Transference | |
| No. | Condition (If answered "yes," please give details) | Yes | No | Remark(s)/Details |
| 1 | Eye/vision problem | | | |
| 2 | High blood pressure | Packetto - | / | |
| 3 | Heart/vascular disease | | | |
| 4 | Heart surgery | | | |
| 5 | Varicose veins | | | |
| 6 | Asthma/bronchitis | | | 新森兰 (1985年) |
| 7 | Blood disorder | | | |
| 8 | Diabetes | | Hospie | |



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| 9 | Thyroid problem | | | |
|-----|---|--------|-------|-------------------|
| 0 | Digestive disorder | | | |
| 11 | Kidney problem | | ~ | |
| 12 | Skin problem | | | |
| 13 | Allergies | | | |
| 14 | Infectious/contagious diseases | h-16-0 | | 100 |
| 15 | Hernia | | | |
| 16 | Genital disorders | | / | |
| 17 | Pregnancy | NI | カノ | |
| 18 | Sleeping problems | , , | / | |
| 19 | Lungs and Chest problems | | | 411 |
| 20 | Operation/surgery | | | |
| 21 | Epilepsy/seizures | | _ | |
| 22 | Dizziness/fainting | | _ | |
| 23 | Loss of consciousness | 4 | - | |
| 24 | Psychiatric problems/ Depression | | 1 | |
| 25 | Problems in the Breast | | | |
| 26 | Attempted suicide | | - | |
| 27 | Loss of memory | | - | |
| 28 | Balance problem | | - | |
| 29 | Severe headaches | | _ | |
| 30 | Ear/nose/throat problems | | ~ | |
| No. | Condition (If answered "yes," please give details) | Yes | No | Remark(s)/Details |
| 31 | Restricted mobility | | - | |
| 32 | Back/ Spine problems | | V | |
| 33 | Neurologic problems | | 1 | |
| 34 | Fractures/dislocations | - 33 | 1 | |
| 35 | Relevant Family Medical History (E.g. Diabetes, stroke, heart disease, high blood pressure) | | / | |
| 36 | Have you ever been signed off as sick or repatriated from a ship? | | / | |
| 37 | Have you ever been hospitalized? | | 1 | |
| 38 | Have you ever been declared unfit for sea duty? | | | |
| 38 | Has your medical certificate ever been restricted or revoked? | | | |
| 40 | Are you aware that you have any medical problems, diseases or illnesses? | | | |
| 41 | Do you feel healthy and fit to perform the | 1 | , Hoe | |



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| | duties of your designated position/occupation? | |
|----|---|--|
| 42 | Are you allergic to any medications? | |
| 43 | Are you taking any non-prescription or prescription medications? | |
| | (If yes, please list the medications taken and the purpose(s) and dosage(s).) Please specify the quantity of each medicine carried. | |
| 44 | OthersCondition (Please Specify): | |

| Sect. | Items | | 386V | Remarks |
|-------|---|-------|---------------|---------|
| S | Vital Parameters | | | |
| | Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance | | | |
| | 2. Blood Pressure | 120/8 | V mm | |
| | 3. Pulse Rate | 7 | 83/~. | |
| | 4. Vision Test | Left | Right | |
| | i. aided | | 214 president | |
| | ii. unaided | 616 | 60. | |
| | 5. Color Vision (Ishihara Plates): 24/38 | | James! | |

I hereby certify that the personal declaration-above is a true statement to the best of my knowledge, and that I am not suffering from any disease likely to aggravate by working aboard a vessel or to render me unfit for service at Sea or endangering the health of other personnel on board. Non disclosure of pre existing conditions will prejudice all my benefits under the CBA or Company's terms 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 MBBS (DU), DFM (Approved Medical Examiner).

| Signature of examinee: | Ala | Witnessed by: (Signature) | 1 |
|------------------------|------------|---------------------------|--|
| Date (day/month/year): | 24-02-2024 | Witnessed by: (Name) | DR MIR. MD. RAIHAN 1885 (Dt), DFM. CCD (Birdem), PGT (Ophth) 18MDC A 55144, MMC-BGD-016 11G. Shipp on Bangladesh Approve |

General Physician Radical Hospitals Limited



Assessment of fitness for service at sea



FR-HR22 Rev No: 1.1

Rev Date: 23.09.2020 Approved By: MR

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

| Remarks |
|---------|
| |
| |
| |
| |
| |

| No. | Describe Restrictions (e.g., specific positions, type of ship, trade area) | Remarks | |
|-----|--|-------------|--|
| | No Restrictions | Fit To Sail | |
| | | | |

| Place of examination: RADICAL HOSPI | TAL LIMITED | |
|--|--|---|
| Date of examination (day / month / year: Dhaka, Dhaka, I | | - |
| Medical certificate's date of expiration (day / mon | th / year: 2 3 FEB 2025 | |
| Official stamp: | DR. MIR. MD. RAIHAN MBBs (DU), DFM, CCD (Birdem), PGT (Ophth) | |
| Signature of medical examiner: | BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Redical Hospitals Limited. | |

Remarks: The maximum validity of this certificate,

- For age <50 Years with no medications 2 Years
- For≥ 50 Years 1 Year.
- For all age groups with medications 1 Year.
- Tests prescribed should be in accordance with local laws.

Authorized by: DG SHIPPING BANGLADESH (competent authority)

Seafarer under medication to carry prescription and medicines for the tenure of the contract + 1 month.

** Guidance Notes:

BMI 36 - 40:

- BMI alone should not be a restricting fact for determining medical fitness, other comorbidities needs to be
- The seafarer can adequately and safely perform his job functions.
- The seafarer has the appropriate level of fitness for general mobility (including climbing stairs repetitively).
- The seafarer has the appropriate level of fitness to respond to emergency situations and is able to successfully take part in evacuations without constraining their own safety and that of others.

ly



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- The seafarer is able to escape from a helicopter through a standard sized escape hatch
- Seafarer to undergo a Weight Management (WM) program for maximum 1year on Company's account to bring down the BMI till ≤ 35.
- Eaglestar will support the seafarer by assigning the approved medical insurance provider (WM) program.
- After 1 year the WM program and the PEME will be to the seafarer account.
- Seafarer service status will remain "active" for a period of one year. Subsequent employment is subject to vacancy.
- While onboard, Medical Officer will monitor the weight and update HR Sea and HSSE on a monthly basis.
- While ashore, seafarer will need to update HR Sea & Manning office on monthly basis the status of weight management program

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35: Meet the standard

BMI 36 - 40*: Do not meet the standard.

Inform Manning Office. To be put under Weight Management program for 1 yr.

BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

LDL < 4.1 mmol/L

HDL > 1.5 mmol/L

Cholesterol level alone should not deem a person unfit for work. The Health Physician will have to assess other comorbidities i.e. High Blood Pressure, Smoking history, Past history of Heart Attacks, etc

Section P 3. - Hypertension (With medication)

140/90 or below with medication

As a general rule, individuals with hypertension are acceptable, provided it is uncomplicated and well controlled by treatment.

Section P 4. - Diabetes Mellitus HbA1c (% of sugar for past 3 month)

< 8% & Non-Insulin dependent diabetes

- If HbA1C >8%, doctor to review medication and repeat HbA1C after 3 months.
- To look at other co-morbidities i.e. Heart disease, obesity, Hypertension when certifying Fitness to Work.
 Insulin-dependent diabetes Not fit for work seafarer's duty.

Section P 5. - Asthma

Not requiring the use of oral or inhaled steroids

- Doctor to assess the frequency of asthma attack and medications.
- If asthma is un-controlled Temporary Unfit. Doctor to re-assess fitness to work 3 to 6 monthly.

If asthma is controlled without steroid medication use - Fit for work.

*Framingham Score Calculator

https://www.mdcalc.com/framingham-risk-score-hard-coronary-heart-disease

Seafarers with high risk scores(>10%) should be counselled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet etc) and also managed with blood pressure and lipid evaluation.



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.

| | afarer's Name :(Last, first, midd | HEALTH, PED KOO | (Ma | nder: le/Female | | |
|-----|---|--|--|--------------------|--|--|
| Dat | e of Birth: (Day/month/year) | Nationality: BANG LADES HI | Place of Birth: CHATTOGR | Am | | |
| cla | aration of the recognized me | edical practitioner: | 9 | Yes N | | |
| 1 | Identification documents were | e checked at the point of examin | ation? | 1 | | |
| 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 stand | dards in STCW Code Section A- | 1/9? | | | |
| | Date of last colour v | rision test: | 2 4 FEB 2024 | | | |
| 6 | Fit for look-out duty? | | | / | | |
| 7 | | medical condition likely to be ago or such service or endanger the li | | 1 | | |
| 8 | No limitations or restrictions of | on fitness? | | _ | | |
| | If "no" specify limitations or re | estrictions | | | | |
| 9 | Date of examination: (day/mo | onth/year) | 2 4 FEB 2024 | | | |
| 10 | Expiry of certificate: (day/modern Maximum two years from date of | nth/year) examination unless the seafarer is und | er the age of 18 2 3 FEB 2025 | | | |
| 2 | 4 FEB 2024 | DR. MIR. N MBBS (DU), DFM, CCI BMDC A-55144 DG Shipping Ban | MD. RAIHAN D (Birdem), PGT (Ophth) . MMC-BGD-016 gladesh Approver' Physician | | | |

Date

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

Radical Hospitals Limited

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

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

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) ALATM | , MD KHURSHED | | Gender: Male/Female* |
|--|---|----------------|--------------------------------------|
| Date of Birth: day/month/year | Place of Birth: CHATTOGRAM | Nationality: | LABESHI |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: | Dept: Deck / Engine / Cate Rank: という | ering / others | TANKER |
| Home Address: PLOT NO- 492, RD NO- 07, AVENUG- 03. MIRPUR BOLLS. PAZUANT. JHOKA | Routine and emergency d | luties: | Trading area: e.g. coastal worldwide |

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

| - | Yes | No | * | Yes | No |
|--------------------------------------|-----|----|---|-----|----|
| Eye/vision problem | | / | 18. Sleep problem | | - |
| High blood pressure | | 1 | 19. Do you smoke, use alcohol or drugs? | | 1 |
| Heart/vascular disease | | 1 | 20. Operation/surgery | | - |
| 4. Heart Surgery | | / | 21. Epilesy/seizures | | - |
| 5. Varicose veins/piles | | 1 | 22. Dizziness/fainting | | - |
| 6. Asthma/bronchitis | | 1 | 23. Loss of consciousness | | - |
| 7. Blood disorder | | - | 24. Psychiatric problems | | - |
| 8. Diabetes | | | 25. Depression | | - |
| 9. Thyroid problem | | | 26. Attempted suicide | | |
| 10. Digestive disorder | | 1 | 27. Loss of memory | | |
| 11. Kidney problem | | - | 28. Balance problem | | _ |
| 12. Skin Problem | | L | 29. Severe headaches | | - |
| 13. Allergies | | 1 | 30. Ear(hearing, tinnitus/nose/throat problem | | |
| 14. Infectious / contagious diseases | | - | 31. Restricted mobility | | 1 |
| 15. Hernia | | | 32. Back or joint problem | | _ |
| 16. Genital disorder | | 5 | 33. Amputation | | - |
| 17. Pregnancy | 0 | MA | 34. Fracture/dislocations | | |

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



^{*}For identity verification purpose

| Additional questions | Yes | No |
|---|-----|----|
| 35. Have you ever been signed off as sick or repatriated from a ship? | | ~ |
| 36. Have you ever been hospitalized? | | 1 |
| 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? | | V |
| 42. Are you using any non-prescription or prescription medication? | | 1 |

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.

24-02-2024

Date

Signature of Seafarer

DR. MTR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DC Shipp no Bangladesh Approved

Name and Signature of Witness

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

24-02-2024

Date

Signature of Seafarer

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

Name and Signature of Witness



| No | | | | | |
|---|--|--|---------------------------------|-------------------------------|---|
| Yes T | ype | | Purpose | | • |
| isual Acuity | | | | | |
| | Unaided | | T | Aided | |
| Right eye | Left eye | Binocular | Right eye | Left eye | Binocula |
| Distant | 616 | GLG | Distant | | |
| Near | 3 | | Near | | |
| isual fields | | | | | |
| | | | | | |
| | Norm | al, | Defective | | |
| Pight Ave | | | | | |
| Right eye | | | | | |
| Left eye olour Vision Not test earing | | Normal | Doubtful | | ective |
| Left eye colour Vision Not test | re tone and a | udiometry (th | reshold values | in dB) | ective |
| Left eye colour Vision Not test learing Pur | re tone and a | udiometry (th 1,000 Hz | reshold values 2,000 Hz | | ective |
| Left eye colour Vision Not test earing Pur Right ear | re tone and a | udiometry (th | reshold values | in dB) | ective |
| Left eye colour Vision Not test earing Pur Right ear Left ear | re tone and a | udiometry (th 1,000 Hz ル | 2,000 Hz | in dB) | ective |
| Left eye colour Vision Not test earing Pur Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz ル metres) | reshold values 2,000 Hz ル | in dB) 3,000 Hz | ective |
| Left eye olour Vision Not test earing Pur Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz ル | reshold values 2,000 Hz ル | in dB) | ective |
| Left eye colour Vision Not test earing Pur Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz ル metres) | reshold values 2,000 Hz ル | in dB) 3,000 Hz | ective |
| Left eye colour Vision Not test learing Pur Right ear Left ear speech and v Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz ル metres) | reshold values 2,000 Hz ル | in dB) 3,000 Hz | ective |
| Left eye colour Vision Not test learing Pur Right ear Left ear speech and v Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz ル metres) | reshold values 2,000 Hz ル | in dB) 3,000 Hz | ective |
| Left eye olour Vision Not test earing Pur Right ear Left ear peech and v Right ear Left ear | re tone and a 500 Hz 20 vhisper test (| udiometry (th 1,000 Hz 20 20 metres) | weshold values 2,000 Hz | in dB) 3,000 Hz | ective |
| Left eye olour Vision Not test earing Pur Right ear Left ear peech and v Right ear Left ear | re tone and a 500 Hz 20 whisper test (| metres) | reshold values 2,000 Hz ນ ນ | in dB) 3,000 Hz | |
| Left eye lolour Vision Not test learing Pur Right ear Left ear Right ear Left ear Clinical Findi Height Pulse rate | re tone and a 500 Hz 20 whisper test (| metres) (cm) minute) | weshold values 2,000 Hz | in dB) 3,000 Hz isper 4 (kg) | ective Zey m |

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Mouth/teeth

| | | to an artist of the contract o |
|--|---|--|
| Ears (general) | | |
| Tympanic membrane | | * |
| Eyes | | |
| Ophthalmoscopy | | 32 |
| Pupils | | 200 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C |
| Eye movement | | |
| Lungs and chest | | |
| Breast examination | MA | |
| Heart | 1 | |
| Skin | ~ | |
| Varicose Vein | | |
| Vascular (inc. pedal pulse) | | |
| Abdomen and viscera | | |
| Hernia | _ | |
| Anus (not rectal exam) | | |
| G-U system | | 2 |
| Upper and lower extremities | | |
| Spine (C/s, T/S, L/S) | | |
| Neurologic (full/brief) | | |
| Psychiatric Psychiatric | | |
| General appearance | | |
| Other diagnostic test(s) and re | (2, 1) | Results: Nonth |
| | | |
| Medical practitioner's commer | its and assessn | nent of fitness, with reasons for any limitations. |
| | FIT FOR D | UTY ON BOARD SHIP |
| Assessment of fitness for ser | vice at sea (n)s | ease tick) |
| | vice at sea (pie | |
| esuits recorded above, i decian | ersonal declarat | tion, my clinical examination and diagnostic test |
| Fit for look out duty | ersonal declarate the seafarer n | tion, my clinical examination and diagnostic test |
| Fit for look out duty Visual aid required | ersonal declarate the seafarer n | tion, my clinical examination and diagnostic test nedically: |
| Fit for look out duty Visual aid required | ersonal declarate the seafarer number of the | tion, my clinical examination and diagnostic test medically: |
| Fit for look out duty Visual aid required | ersonal declarate the seafarer number of the | tion, my clinical examination and diagnostic test medically: pokout duty I not required |

Unfit

| Without res | trictions With | restrictions | |
|--------------------|-----------------------------------|---|-----------------|
| Description of r | restrictions (e.g. specific p | osition, type of ship, trading area etc.) | |
| | | 730/4 E | |
| 0.4 550 800 | 2 | DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 | |
| 2 4 FEB 2024 Date | Signature of Medical Practitioner | DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited Medical Practitioner's name, licence | number, address |





Id No

: 0619

Date: 24-Feb-2024

D.Date: 24-Feb-2024

Patient's Name: MD KHURSHED ALAM

Age: 53Y 7M 7D

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3149

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

| Parameter Name | Results | Reference Range |
|-----------------------------|--------------------|--|
| Hemoglobin (Hb) | 14.9 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| ESR(Westergreen) | 08 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| Total WBC Count(TC) | 9,000 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) | | |
| Neutrophils | 65 % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | 30 % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | 03 % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | 02 % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | 00 % | Adult: 00-01 % |
| Total Cir. Eosinophils | 180 /cumm | 50-450/cumm |
| Total RBC Count | 5.02 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | 42 % | M: 40-54%, F:37-47% |
| MCV | 79 fL | 76 - 94 fL |
| MCH | 29 pg | 27 - 32 pg |
| MCHC | 30 g/dL | 29 - 34 g/dL |
| RDW | 11 % | 11 - 16 % |
| PDW | 26 fl. | 35 - 56 fl |
| Total Platelete Count (PC) | 2,75,000 /cumm | 150,000-450,000/cumm |
| MPV | 8.2 fL | 7.0 - 11.0 fL |
| PCT | 0.1 % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |
| | | |

Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



| Bill No | IA24020619 Received Date 24/02/2 | | /2024 | |
|----------------|-------------------------------------|--------------------|------------|---------------|
| Patient's Name | MD KHURSHED ALAM | | | 33.001110.003 |
| Patient's Age | 53Y 7M 7D | Pat | ient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BI | RDEM),PGT(Eye),DFM | CDC NO | C/O/ 3149 |
| Sample | BLOOD | | | |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---------------------------|------------|------------------|
| Fasting Blood Sugar (FBS) | 5.6 mmol/l | 4.2 – 6.4 mmol/l |
| HbA1C | 5.3 % | 4.0-6.0 % |
| Serum Creatinine | 0.85 mg/dl | 0.3 - 1.3 mg/dl |
| Serum (BUN) | 20 mg/dl | 7- 23 mg/dl |
| Liver Function Test | | N N |
| Serum Bilirubin (Total) | 0.58 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 26.0 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 24.0 U/L | Up to 37 U/L |
| Serum Alkaline Phosphate | 173 U/L | 98 - 279 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 | DIA24020619 | Received D | Date 24/02 | /2024 |
|----------------|---------------------------------------|---------------------------|-------------|-----------|
| Patient's Name | MD KHURSHED ALAM | T COCIVCU E | 74/02 | 2024 |
| Patient's Age | 53Y 7M 7D | Pa | tient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRI | 100 | CDC NO | |
| Sample | BLOOD | //. O ((- y c), D i Wi | CDC NO | C/O/ 3149 |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|------------------------|-----------|-----------------|
| Lipid profile | | |
| Serum Cholesterol | 163 mg/dl | up to 200 mg/dl |
| Serum HDL- Cholesterol | 42 mg/dl | >35 mg/dl |
| Serum Triglyceride | 146 mg/dl | upto 220 mg/dl |
| Serum LDL- Cholesterol | 87 mg/dl | <130 mg/dl |
| DEMA DIZE OF ANYO | | |

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 | DIA24020619 | Received Da | ate 24/02/ | 2024 |
|----------------|---------------------------------------|-------------|------------|-----------|
| Patient's Name | MD KHURSHED ALAM | | 24/02/ | 2024 |
| Patient's Age | 53Y 7M 7D | Pati | ent's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD | | CDC NO | C/O/ 3149 |
| Sample | BLOOD | | 000110 | C/O/ 3149 |

SEROLOGYCAL REPORT

| Test Name | Result |
|-----------|--------|
| | |

| HIV 1 & 2 (Method : (ICT) | Negative | |
|---------------------------|--------------|--|
| HBs Ag (Method : (ICT) | Negative | |
| HCV (Method : (ICT) | Negative | |
| HAV (Method : (ICT) | Negative | |
| VDRL | Non-reactive | |

Checked By

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



| Bill No | DIA24020619 | Received Date 24/02 | | 24/02/2 | /02/2024 | |
|----------------|--------------------------------------|---------------------|-----------|---------|-----------|--|
| Patient's Name | MD KHURSHED ALAM | | | | | |
| Patient's Age | 53Y 7M 7D Patient | | Patient's | s Sex | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR | DEM),PGT(Eye),DFM | 1 C | DC NO | C/O/ 3149 | |
| 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 | 0-1/HPF |

CHEMICAL EXAMINATION CASTS / LPF

| Reaction | Acidic | RBC | Nil | |
|--------------|--------|------------|-----|--|
| Albumin | Nil | WBC | Nil | |
| Sugar | Nil | Epithelial | Nil | |
| Ex.Phosphate | Nil | Granular | Nil | |
| | | Hyaline | Nil | |

ON REQUESTCRYSTALS & OTHERS

| Bile Salt | Not Done | Urates | Nil |
|---|----------|-------------------|-----|
| Bile Pigment | Not Done | Uric Acid | Nil |
| Ketones | Not Done | Calcium oxalate | Nil |
| Urobilinogen | Not Done | Amor. Phos | Nil |
| A STATE OF THE PROPERTY OF THE PARTY OF THE | 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 | DIA24020619 Received Date | | 24/02/2024 | |
|----------------|----------------------------------|---------------|------------|--|
| Patient's Name | MD KHURSHED ALAM | | | |
| Patient's Age | 53Y 7M 7D | Patient's Sex | Male | |
| Ref. by | Dr. Mir.Md. Raihan MBBS,(DU),DFM | CDC NO: | C/O/ 3149 | |
| Sample | Urine | | 116 | |
| | | | | |

URINE EXAMINATION

| <u>Test Name</u> | Result |
|------------------|----------|
| Xylene | Negative |
| | |



Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| DIA24020619 | Received | Received Date 24/02/2 | | 2024 | |
|----------------------------------|--|--|--|---|--|
| MD KHURSHED ALAM | | | | | |
| 53Y 7M 7D Patier | | Patient's | Sex | Male | |
| Dr. Mir Md. Raihan MBBS,(DU),CCD | BIRDEM),PGT(Eye),DFM | С | DC NO | C/O/ 3149 | |
| URINE | | | | | |
| | MD KHURSHED ALAM 53Y 7M 7D Dr. Mir Md. Raihan MBBS,(DU),CCD(| MD KHURSHED ALAM 53Y 7M 7D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | MD KHURSHED ALAM 53Y 7M 7D Patient's Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C | MD KHURSHED ALAM 53Y 7M 7D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO | |

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

| Test Name | Result | |
|---------------------|--------|--|
| Drug Level of Urine | | |

| Cocaine | Negative | |
|-----------------|----------|--|
| Morphine | Negative | |
| Marijuana | Negative | |
| Barbiturates | Negative | |
| Amphetamines | Negative | |
| Phencyclidine | Negative | |
| Alcohol | Negative | |
| Benzodiazepines | Negative | |
| Methadone | Negative | |
| Propoxyphene | Negative | |

Checked By

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



| Patient's Name | : | MD KHURSHED ALAM | ID NO | : | 24020619 |
|--------------------|----|-------------------------------------|-------|---|------------|
| Age | : | 53 Yrs | Date | : | 24/02/2024 |
| Sex | | Male | | 1 | |
| Referred by | 1: | Dr. Mir Md. Raihan - MBBS (DU), DFM | | | |
| Nature of Specimen | 1: | | | | |

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020619 Receive:24/02/2024 Print: 24/02/2024

Patient's Name : MD KHURSHED ALAM

Age : 53 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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

Patient Name : MD KHURSHED ALAM 24/02/2024

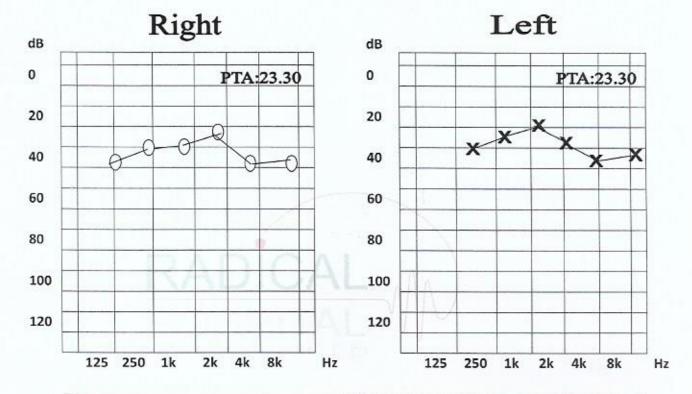
Age

: 53 Yrs

Address

: RHL, UTTARA

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



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 MaskingOX | | |
| Bone Masking $\Delta\Delta$ | | |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



| Patient's Name | | MD KHURSHED ALAM | ID NO | : | 24020619 |
|--------------------|---|-----------------------------------|-------|---|------------|
| Age | : | 53 Yrs | Date | : | 24/02/2024 |
| Sex | : | Male | | | |
| Referred by | : | Dr. Mir Md. Raihan MBBS,(DU), DFM | | | |
| Nature of Specimen | : | | 100 | | |

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



| Patient's Name | | MD KHURSHED ALAM | | |
|----------------|---|-------------------------------------|-----------------|--------------|
| Age | : | 53 Yrs | Date | : 24/02/2024 |
| Sex | : | Male | CDC NO:C/O/3149 | |
| Referred by | : | Dr. Mir Md. Raihan - MBBS, (DU), DF | M | |

Psychometric Test

| Test Name | Remarks |
|--|---------------------------------------|
| 1.APTITUDE TEST | 50 St |
| Numerical Reasoning test | Poor /Good /very good /excellent |
| Verbal Reasoning test | Poor /Good /very good /excellent |
| Inductive reasoning test | Poor /Good /very good /excellent |
| Diagrammatic Reasoning test | Poor /Good /very good /excellent |
| Logical Reasoning test. | Poor /Good /very good /excellent |
| Error checking test | Poor /Good /very good /excellent |
| | |
| 2.Skill Test | Poor /Good /very good /excellent |
| 3.Personality Test | INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF |
| 4.Watson Glaser test(Critical Thinking Test) | |
| Arguments | Poor /Good /very good /excellent |
| Assumptions | Poor /Good /very good /excellent |
| Deductions | Poor /Good /very good /excellent |
| Interpreting Information's | Poor /Good'/very good /excellent |
| Inferences | Poor /Good /very good /excellent |
| | / |
| 5. Situational Judgment Test. | Poor /Good /very good /excellent |
| Poor: <6 Good: 6-7 very go | od: 7-8 excellent: 8-10 |

Good: 6-7

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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



DEPARTMENT OF RADIOLOGY & IMAGING

Id No.

: 24020619

Print: 24/02/24 10:05 PM

Name

: Md Khurshed Alam

Age

: 53Y 0M 0D

Sex:

Male

Refd. by

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

: 68 b/min

Rhythm

: Regular

P-Wave

Normal

P-R Interval

: Normal

QRS Complex

Normal

ST. Segment

: Isoelectric

T. Wave

: Normal

Impression

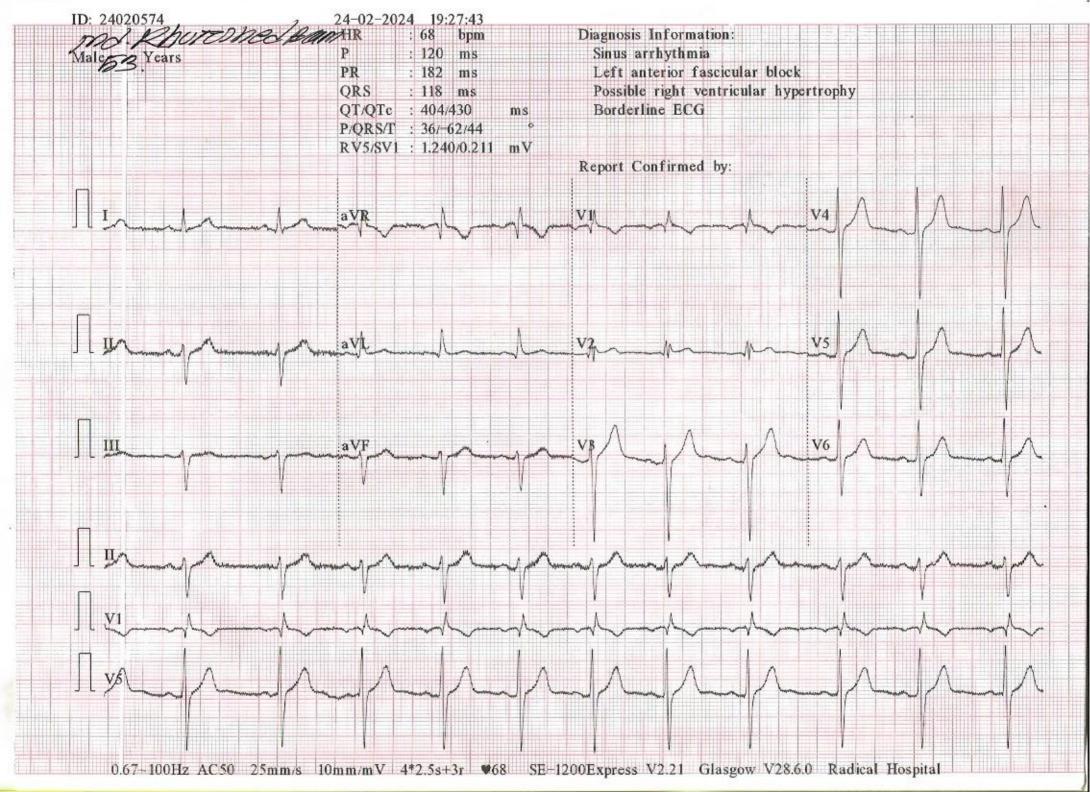
: LAHB, RBBB



PROF. DR. SHAH JAMAL HOSSAIN

MD.Ph.D (Cardiology) Professor, Dept. of Cardiology JRR Medical College Hospital, Sylhet

Reg. No: A 13191





| Patient ID | Test Date Test Date | | atient ID 24020619 Test Date 24/02/202 | | | | 024 | |
|--------------|----------------------------------|--------|--|--|-----|------|-----|--|
| Patient Name | atient Name MD KHURSHED ALAM Age | | Age 53 YR | | Sex | Male | | |
| Ref. By | Dr. Mir Md. Raihan MBBS (DU | J),DFM | | | | | | |

BMI REPORT

| Padu Mass Inday - | Weight in kg |
|-------------------|--------------------------------|
| Body Mass Index = | (Height in Meter) ² |
| | 76 kg |
| | |

= 26.9

 $(1.68)^2$

BMI Categories

- Under Weight in = <18.5</p>
- ❖ Normal Weight= 18.5 24.9
- ❖ Over Weight=25 29.9
- Obeshyz = BMI of 30 or greater.

Fw.

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





| Patient ID | 24020619 | Voucher No | |
|--------------|-----------------------------|--|------------|
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 24/02/2024 |
| Patient Name | MD.KHURSHED ALAM | 250 | |
| Age | 53 YRS | Sex | Male |
| Refd. By | Dr. Mir Md. Raihan MBBS,(DU | A CONTRACTOR OF THE CONTRACTOR | |

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: Contracted ,however visible lumen appears normal.

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

SPLEEN: Is normal in size (9.1x 3.2)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-10.2 cm, LK-10.8 cm 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: Mildly enlarged in size volume is 27.2 cc , regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: 1. Fatty change in liver. Grade-1

QJ2.24

2. Mildly enlarged prostate gland.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION Md. Khunshed Alom ID

| This is to certify that | 1 |
|-------------------------------|---|
| JE Soussigne (e) certifie que | I |

date of brith | X/07/1920 Sex | no (e) le

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

| Date | Signature and professional Status of Vaccinator Signature et qualite professione Vaccinateure | elle Ce | ed Stamp chet tification |
|-----------|--|---|--------------------------------|
| WW , 5018 | DR. MIR MD. RAIHAN MBBS (DU), Reg. No. A-55144 DG Shipping Approved General Physician Radical Hospitals Ltd. | ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs | As Per-MLC-2005 |

KB-VAN

ORAL CHOL

The validity of this certificate shall extend for a pour of six months beginning alichy Upiob 2 the S injection of value in Black and the Party accination within subspecied of six months, on the date of the Uttaca, Dhaka

Notwithstanding the abeliance on in the case of a pilaring this certificate shall indicate that two injections

have been given at an internal of seven days and its validity shall even the from the date of the proposed and internal and the territory. The approved stamp internal above must be a from the approved stamp internal above must be a from the second translation of the territory. which the vachination is performed MMC BGD-016

Any amendment of this constitute or erasure or failure for manufacture of it, may white it in and the land La Vrs validity dece certificate convie tine period de six mos commentent six Jours a pres is premiere injection du vaccin ou, dans le catad une resaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelotre le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence four de la seconde injection.

De cachet d'authentification doit etre canforme au modele present perl'administration sanitaite du territoire ou la vaccination est effectuee.

Toule correction ou rature sur le certificate ou I o mission d'une quelconque des mentions qu'il comporte pe ut effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION

| MD KHUI | CONTRE LA | FIEVRE JA | AUNE | |
|--|-----------|--------------------------|------------|------------|
| This is to certify that JE soussigne' (e) certifie que | COLD ACAP | date of brith no' (e) le | 17-01-1970 | Sex Male |
| Whose signature follows | Ale | | | |

has on the Date indicated been vaccinated or revaccinated against yellow fever. a c' tc' vaccine (e) ou 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 nunne'to du lot | Official stamp of vaccinating centre Cachet officiel du centre de vaccination |
|---------|------|--|--|--|
| All All | 1 ME | R. MIR MD. RAIHAN BBS (DU), Reg. No. A-55144 DG Shipping Approved General Physician Radical Hospitals Ltd. | THE CONTROL OF THE CO | As Per-MLC-2006 + |
| | 2 | Fu. | | |

This certificate is valid only if the vaccine used has been approved by the world Health organization and vaccinating centre has been disignated by the 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 ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of the revaccination.

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

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

Ce certificate n'est valable que si le vaccin employe' a e' te" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination ac'te' habilite parl' adminstration sanitaire du territoire dans lequel' ce centre est sinue.

La validite' de ce certificate couvre une pe'riode de dix ans commencant dix joursapres la date de la vaccinatio ou, dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme lenant lieu de signature.

Toute correction ou rature sur le certificate ou I 'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.