

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: HOGUE MD. ZIAUL Sex: _____ Serial No: _____
 Date of Birth: 01/07/1981 PP/CDC: A03336768 / C/0389 Rank: ADD. MASTER
 Vessel: M.V. VICTORIA HIGHWAY Type: PCTC Route: W. WIDE
 Home Address: NOVA CADBERRY, FLAT-A3, HOUSE: 16, ROAD: 29A
NORTH PALLABI, MIRPUR-1216, BANGLADESH.
 Company Name: WALLEM

Medical History

Please answer the following to the best of your knowledge.

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

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
168cm	70kg	43-41	130/80 mmHg	78b/min	19 b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6	Normal	Right Ear	dB	20	20	20					
Left Eye		6/6	Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal										

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	13.9 gm%	14-16 gm %	Colour
Total WBC count	7.300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 84 % Lymph 31 % Eos 02 % Ba 00 % Mo 02 %			pH
Malarial parasite	NOT FOUND		Albumin
ESR	67 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	20 U/L	9-43 U / L	Bile pigment
S.Cholesterol	164mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	198 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 5.8 PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV I & II	NEGATIVE		Others
VDRL	NOT DONE		
Others		GGTP U/L	Spirometry:
Blood Group	O+ve		Drugs of Abuse:

ECG :

Normal

X-Ray

Chest: Normal

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: 16 FEB 2026

Candidate's Signature

Date: 17 FEB 2024

Official Stamp

Doctor's signature:



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

04.2024.5908

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,
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Pre-Sea Exam: ☐Periodic Exam: ☒Other: ☐**Examination for duty as:**

Master: ☒ Y/N: 7
Deck Officer: ☐ Y/N:
Eng Officer: ☐ Y/N:
Ratings: ☐ Y/N:
Cook: ☐ Y/N:
Other: ☐ Y/N:
Please specify



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:Routine & Emergency
Duties (if known):Position Offered/
Applied for:Type of vessel (Container, Tanker,
Passenger etc):Trade area (e.g. Coastal, Tropical,
Worldwide):Cosastal ☐Tropical ☐WorldWide ☒**Part I - Examinee's Personal Declaration with Medical History**

(Examinee is to 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):

HOQUE, MD. ZIAUL

Home/ Permanent Address:

NOVA CADBERRY, FLAT-A3, HOUSE: 16, ROAD: 29 A
NORTH PALLABI, MIRPUR-1216.

Mailing Address:

SAME.

Date of birth (day/month/year):

01 / 07 / 1981

Sex:

M

Place of Birth:

City: NOAKHALI.

Country: BANGLADESH.

Nationality:

BANGLADESHI

Rank:

ADD. MASTER.

Civil Status:

MARRIED.

Identity Docs/ Passport /Discharge Book
No:

C/013891

Examinee's Medical HistoryIs there any past / present
history of any of the followingExaminee
DeclarationExaminer's
Record

Yes

No

Yes

No

Loss of Consciousness/ Fits /
Head Injury / Dizziness / Loss
of Memory

Is there any past / present
history of any of the followingExaminee
DeclarationExaminer's
Record

Yes

No

Yes

No

Chronic Disease (Cancer)
including Lymphoma, Leukaemia
and other related conditions



04.2024.5908



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				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/ Aspirin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓



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To What Extent Do You Use: Alcohol: no, Cigarettes: no
Tobacco: no, Drugs: no
Are you taking any non-prescription or prescription medications? no
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: [Signature] Date(day/month/year): **17 FEB 2024**

Height in cms: <u>168</u>	Weight in Kg: <u>75</u>	Blood Pressure	Systolic <u>130</u> (mmHg)	Diastolic <u>80</u> (mmHg)
BMI:	Temperatures: <u>98"</u>	Pulse Rate:	<u>78b/m</u>	Respiratory rate: <u>19b/m.</u>
Chest:	Insp: <u>43</u>	Rhythm:	<u>ww</u>	General Condition: <u>ww</u>
	Exp: <u>91</u>	Oral Health:	<u>ww</u>	

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						Visual fields	
Unaided			Aided			Right eye	Normal
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		
			<u>6/6</u>	<u>6/6</u>		☒	

Medical Hospital Ltd
As Per MLC 2006
Shipping Bangladesh Approved

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Distant			6/6	6/6	✓	Left eye	✓
Near			15	15	✓		

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 *	Tshihara *	CIE-43-2001 *		
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				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): Normal Abnormal
 Result : Normal chest x-ray

Other diagnostic test(s) and result(s): Blood + Urine
 Test: Normal Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	13.9 g/dl	13 - 18 gm/ dl	Colour	sw	(HbA1c)	5.2	4.0 % - 6.5 %
Total WBC count	7300	4,000 - 11,000 / cu.mm	Specific Gravity	nil	RBS/ FBS (Blood test)	5.8	



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Neu <u>64</u> %, Lymph <u>31</u> %, Eos <u>02</u> %, Bas <u>0</u> %, Mo <u>03</u> %	pH	<u>nil</u>	Total Bilirubin	<u>0.59</u>	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)	Albumin	<u>4</u>	Direct Bilirubin	<u>nil</u>	0.0 - 2.5 mg/dl
BI ESR	Sugar	<u>4</u>	Indirect Bilirubin	<u>nil</u>	0.0 - 0.75 mg/dl
Platelets	Bile Pigment	<u>4</u>	SGPT	<u>29</u>	9 - 43 U / L
Fasting Lipid Profile	Bile Salt	<u>4</u>	SGOT	<u>23</u>	0 - 40 IU/L
S. Triglycerides	Occult Blood	<u>4</u>	SGGT	<u>40</u>	0 - 49 IU/L
Cholesterol Serum	RBC Cells	<u>4</u>	Blood Urea	<u>nil</u>	10 - 50 mg/dl
HDL Cholesterol Serum	Leucocytes	<u>4</u>	S. Creatinine	<u>0.81</u>	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	Stool Test	Result	BUN	<u>18</u>	5-23mg/dl
VLDL Cholesterol Serum	Bacteriological	<u>nil</u>	PSA	<u>nil</u>	Less than 4.00 ng/ml
Total / HDL Cholesterol	Parasitical	<u>U</u>	Malarial Parasite	<u>nil</u>	
LDL / HDL Cholesterol	Others	<u>V</u>	Uric Acid	<u>5.4</u>	2.4 - 7.5 mg/dl
Hepatitis B	HIV I & II	<u>negative</u>			
Hepatitis C	VDRL	<u>negative</u>			

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	<u>Normal</u>	TMT	<u>negative</u>	Drugs of Abuse	<u>negative</u>
ECG	<u>Normal</u>	ECHO	<u>Normal</u>	Ultrasound (USG) of the Abdomen & Pelvis	<u>Normal</u>

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	<u>✓</u>		Fecally food service/ handlers	<u>✓</u>	



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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 is 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 MR. ZIAUL HOQUE 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: 17 FEB 2024
Medical certificate validity date (day/month/year): 16 FEB 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 of the



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.

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: 7 of 7

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

Date: **17 FEB 2024**

Original: Master & Crewing Dept

cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.





**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA**

SURNAME: HOQUE		GIVEN NAME (S): MD. ZIAUL	
DATE OF BIRTH: DAY 01 MONTH 07 YEAR 1981		PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: NOVA CADBERRY, FLAT- A3, HOUSE: 16, ROAD- 29A NORTH PALLABI, MIRPUR-1216, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	—	6/6	RIGHT EAR
LEFT EYE	—	6/6	LEFT EAR

COLOR TEST TYPE:
☒ BOOK
☐ LANTERN
YELLOW RED
GREEN BLUE

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 APPLICABLE ☐

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) **17 FEB 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.

	MD. ZIAUL HOQUE	17 FEB 2024
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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:	DATE: 17 FEB 2024
EXPIRY DATE OF CERTIFICATE: 16 FEB 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)
BMDA A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0447 **Date** : 17-Feb-2024 **D.Date** : 17-Feb-2024
Patient's Name : MD ZIAUL HOQUE **Age** : 42Y 7M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3891

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.9 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	146 /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	41 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	28 pg	27 - 32 pg
MCHC	30 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	35 fL	35 - 56 fL
Total Platelete Count (PC)	3,20,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.2 %
Bleeding 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	DIA24020447	Received Date	17/02/2024
Patient's Name	MD ZIAUL HOQUE		
Patient's Age	42Y 7M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3891
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.2%	<6.5 %
Serum Creatinine	0.81 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	5.4 mg/dl	3.4-7.0 mg/dl
GGT	40 U/L	Adult Males : <55
Serum (BUN)	18 mg/dl	7-23 mg/dl
Total Protein	6.2 g/dl	6.3-7.9 g/dl
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29.0 U/L	Up to 40 U/L
Serum AST (SGOT)	23.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	Up to 270 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	DIA24020447	Received Date	17/02/2024
Patient's Name	MD ZIAUL HOQUE		
Patient's Age	42Y 7M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3891
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
-----------	--------	-----------------

Lipid profile

Serum Cholesterol	164 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	146 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	82 mg/dl	<130 mg/dl

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	DIA24020447	Received Date	17/02/2024
Patient's Name	MD ZIAUL HOQUE		
Patient's Age	42Y 7M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM	CDC NO	C/O/ 3891
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING RESULT

ABO Blood Group	"O" (+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.

Bill No	DIA24020447	Received Date	17/02/2024
Patient's Name	MD ZIAUL HOQUE		
Patient's Age	42Y 7M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3891
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-2/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
Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24020447	Received Date	17/02/2024
Patient's Name	MD ZIAUL HOQUE		
Patient's Age	42Y 7M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3891
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.

TREADMILLSTRESS TEST

Patient ID	24020447	Test Date	17-02-2024	
Patient Name	MD ZIAUL HOQUE	Age	42 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

Total Exercise Time : 09:0 Min
Max.HR attained : 166 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 166 bpm.
Maximum BP : 160/90 mmHg.
Max. work load attained : 13.10METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- MD ZIAUL HOQUE 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

AUDIOLOGICAL REPORT

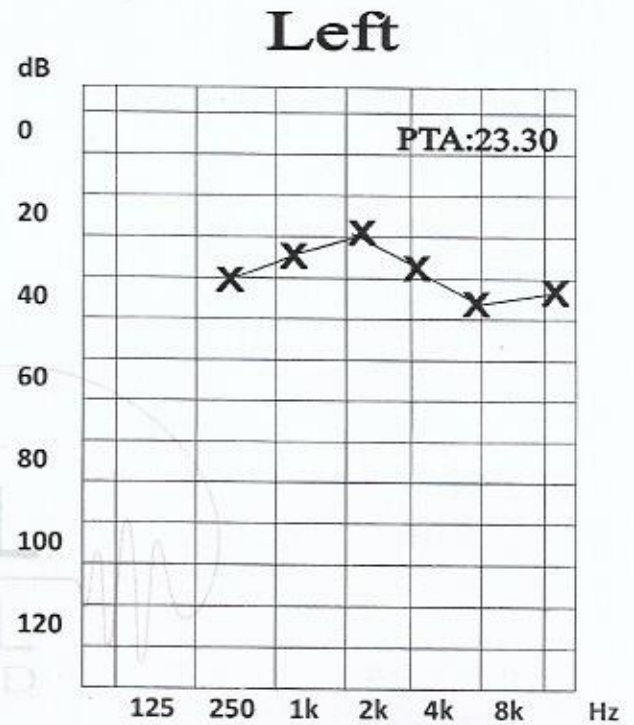
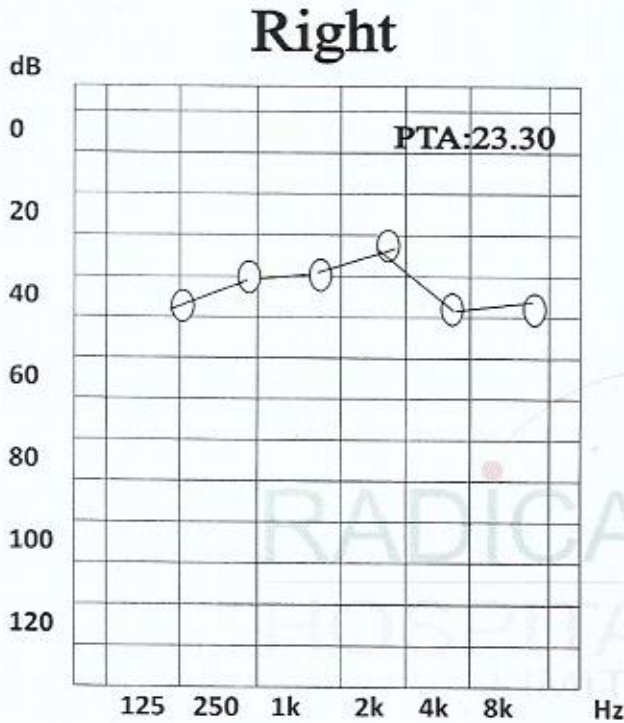
Patient Name : MD ZIAUL HOQUE

17/02/2024

Age : 42 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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24020447	Receive: 17/02/2024	Print: 17/02/2024
Patient's Name	: MD ZIAUL HOQUE		
Age	: 42 YRS	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

Patient's Name	: MD ZIAUL HOQUE	ID NO	: 24020447
Age	: 42 Yrs	Date	: 17/02/2024
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 (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020447 Receive: Print: 17/02/2024
Patient's Name : MD ZIAUL HOQUE
Age : 42 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 64 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

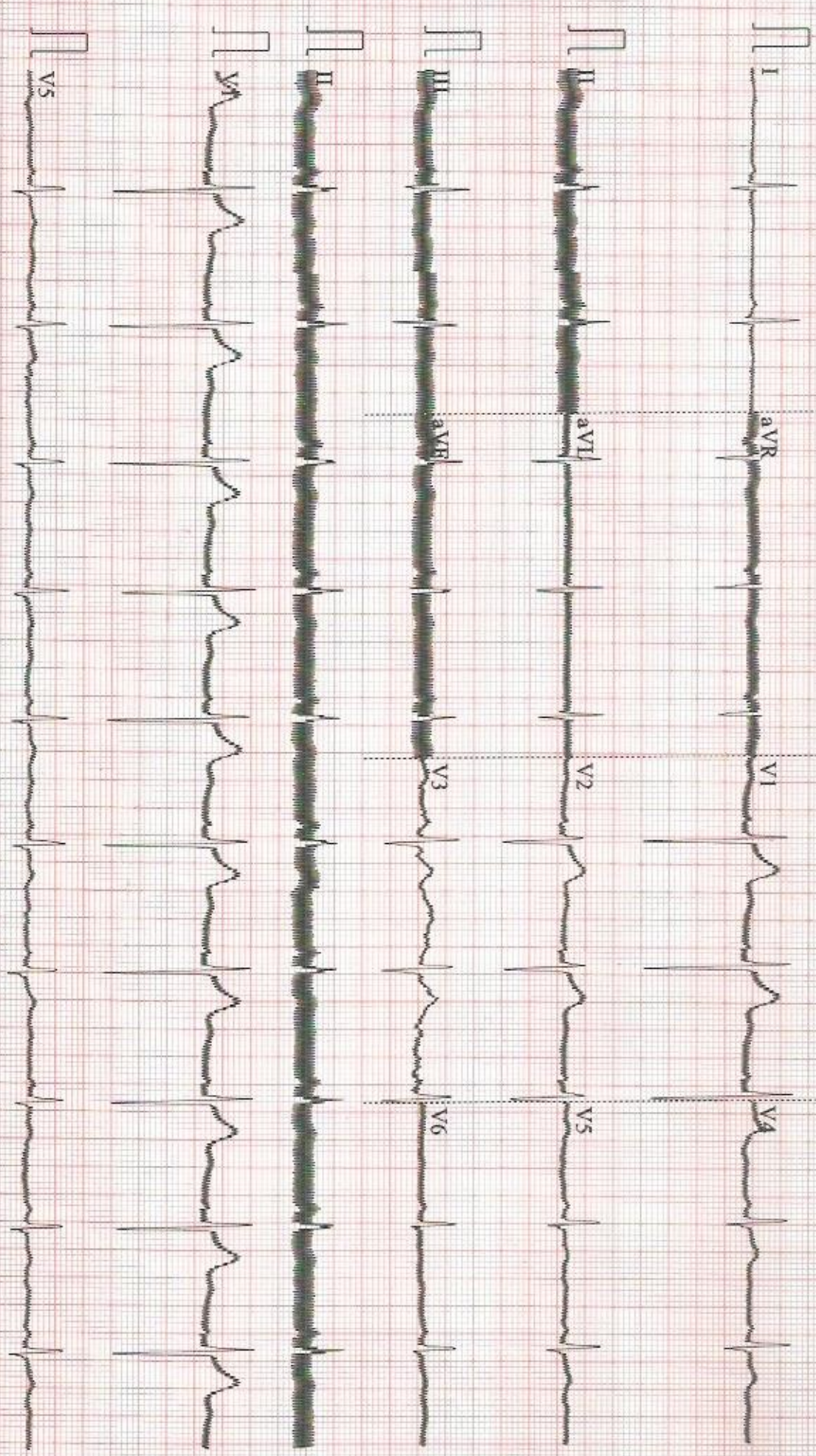
ID: 125
Mr. J. M. Hanna
Male 42 Years

17-02-2024 14:48:53

HR	: 64	bpm
P	: 92	ms
PR	: 138	ms
QRS	: 82	ms
QT/QTc	: 370/382	ms
P/QRS/T	: 56/55/9	°
RV5/SV1	: 0.629/1.670	mV

Diagnosis Information:
Sinus rhythm
Inferior ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by:



Date: 17/02/2024

EYE EXAMINATION REPORT

NAME:	MD ZIAUL HOQUE		
AGE:	42 YRS	RANK: ADD MASTER	CDC NO:C/O/3891

VISUAL ACUITY:

RIGHT

LEFT

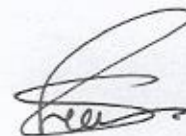
UNAIDED

AIDED

6/6 6/6

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	:	MD ZIAUL HOQUE	ID NO	:	24020447
Age	:	42 Yrs	Date	:	17/02/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

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 Hygiene : 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

Patient ID	24020447	Voucher No	
Test Name	USG OF KUB	Delivery Date	17/02/2024
Patient Name	MD. ZIAUL HAQUE		
Age	42 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.1 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.3 cm. 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 regular and within normal limit.
No intravesicle lesion is seen

PROSTATE: Normal in size volume is 11.5 cc & regular in shape. Echogenicity is homogenous.

COMMENT: Normal study.

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

AA
17.02.24

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD ZIAUL HOQUE

This is to certify that JE Soussigne' (e) certifie que | date of birth | 01/01/1981 | Sex | MALE
no' (e) le | sexe |

Whose signature follows | [Signature] |
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 fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 FEB 2024	<u>[Signature]</u> DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCB (Bd), PGT (Opth) BNDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
2			
3			
4			

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

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period of ten years, from the date of the revaccination.

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

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à dix ans, le jour de cette revaccination.

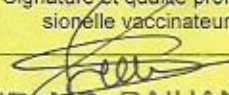
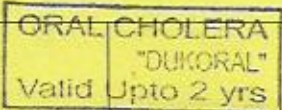
Ce certificat doit être signé par le médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

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

This is to certify that JE Soussigne' (e) certifie que MD ZIAUL HOQUE date of birth 21/10/1987 Sex MALE
no' (e) le sexe
Whose signature follows [Signature]
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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
17 FEB 2024	 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois jour de cette revaccination.

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

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.