



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMD  
Accreditation No : A 55144

PATIENT CONTROL NUMBER:

H172

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                           |                                     |                                                  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| SURNAME<br><b>SUJON</b>                                                                                                   | FIRST NAME<br><b>IMRAN</b>          | MIDDLE NAME<br><b>KABIR</b>                      |
| PLACE AND DATE OF BIRTH<br><b>JAMALPUR 1-Dec-1990</b>                                                                     | PASSPORT NUMBER<br><b>EG0925723</b> | SEAMAN'S BOOK NUMBER<br><b>CO6071</b>            |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female           | VESSEL TYPE : <b>CHEM. TANKER</b>   | TRADING AREA : <b>WORLD WIDE</b>                 |
| PERMANENT HOME ADDRESS :<br><b>C/O. MD. RAFIQUIL ISLAM, VILL. SHAPLENZA, P.O. MESTA, P.S. SARISHABARI, DIST. JAMALPUR</b> |                                     | CONTACT NUMBER : <b>01761-815820, 01915-6153</b> |
|                                                                                                                           |                                     | RANK : <b>2ND ASST ENGINEER</b>                  |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

| Question                                                                                     | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                            |                          |                                     |
|----------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please list the medications taken and the purpose(s) and dosage(s) |                          |                                     |

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 (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>74kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Height (cm) <b>177</b>                                                | BMI <b>23.6</b> | Blood Pressure: Systolic <b>120</b> Diastolic <b>80</b> | PULSE: <b>78 bpm</b> |      |                                                                                  |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|---------------------------------------------------------|----------------------|------|----------------------------------------------------------------------------------|------------|--|--|--|-------------------------|--|--|-----------------------|-----|------|------|------|--|--|-------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|
| <table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> </tbody> </table> |                                                                       |                 |                                                         |                      | Ear  |                                                                                  | Audiometry |  |  |  | Hearing by Whisper Test |  |  | Hearing by Audiometry | 500 | 1000 | 2000 | 3000 |  |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Audiometry      |                                                         |                      |      | Hearing by Whisper Test                                                          |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Hearing by Audiometry                                                 | 500             | 1000                                                    | 2000                 | 3000 |                                                                                  |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                 |                                                         |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                 |                                                         |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                 |                                                         |                      |      |                                                                                  |            |  |  |  |                         |  |  |                       |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |



|         | Visual acuity |          |           |          | Visual fields                       |           |
|---------|---------------|----------|-----------|----------|-------------------------------------|-----------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |           |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> |           |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> |           |

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Defective

Date of last colour vision test: Date (day/month/year) 16 JAN 2024

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                                                                                |                                                                                |
|-------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X-Ray             | <u>NPD</u>   | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                     | <u>NPD</u>   | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E               |              | SGPT                               | URINE R/E                                                                      | <u>NPD</u>                                                                     |
| DC (differential count) | <u>NPD</u>   | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)       | <u>15.7</u>  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          |
| ESR (WESTERGREN)        | <u>04</u>    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| WBC                     | <u>7.600</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| BLOOD GLUCOSE LEVEL     |              | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| RANDOM                  | <u>5.6</u>   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
| HBA1C                   | <u>5.1%</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound)                                                        |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

|                                                                                                             |                                              |                            |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|
| <br>Signature of Seafarer | <u>IMRAN KABIR SUJON</u><br>Name of Seafarer | <u>16 JAN 2024</u><br>Date |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|

## Assessment of fitness for service at sea:

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

|                                     |                                                            |                                                     |
|-------------------------------------|------------------------------------------------------------|-----------------------------------------------------|
|                                     | <input checked="" type="checkbox"/> Fit for lookout duties | <input type="checkbox"/> Not fit for lookout duties |
| Fit                                 | Deck service                                               | Engine service                                      |
| Unfit                               | Catering service                                           | Other services                                      |
| <input checked="" type="checkbox"/> | Without restrictions                                       | With restrictions                                   |

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------------------|-----------------------------|

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

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

|                                  |                                 |
|----------------------------------|---------------------------------|
| Fitness Date: <u>16 JAN 2024</u> | Valid Until: <u>15 JAN 2026</u> |
|----------------------------------|---------------------------------|

DR. MIR MD. RAHAN  
 MBBS (D), D.M. (C), D.M. (C) (Internal Medicine), FRCGP (UK)  
 BMDG-55144, MMC-BGD-016  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited

In Accordance with Medical Examination Regulations (1978) and STCW 1978/1996 as Amended, MLC 2006



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |  |                                                                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: <b>SUJON</b>                                                                                                                                                                                                                   |  | GIVEN NAME (S): <b>IMRAN KABIR</b>                                                                                                                     |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>1</b> MONTH <b>12</b> YEAR <b>1990</b>                                                                                                                                                                         |  | PLACE OF BIRTH<br>CITY <b>JAMALPUR</b> COUNTRY <b>BANGLADESH</b>                                                                                       | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> |  | MAILING ADDRESS OF APPLICANT:<br><b>C/O. MD. RAFIQUUL ISLAM, VILL. SHAPLENZA,<br/>P.O. MESTA, P.S. SARISHABARI,<br/>DIST. JAMALPUR<br/>BANGLADESH.</b> |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION    |                 | COLOR TEST TYPE | HEARING             |
|-----------|-----------------|-----------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES    |                     |
| RIGHT EYE | <b>6/6</b>      | —               | RIGHT EAR <b>MR</b> |
| LEFT EYE  | <b>6/6</b>      | —               | LEFT EAR <b>MR</b>  |

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) **16 JAN 2024**

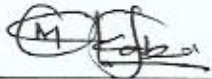
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

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

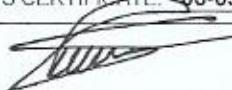
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

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

|                                                                                     |                          |                    |
|-------------------------------------------------------------------------------------|--------------------------|--------------------|
|  | <b>IMRAN KABIR SUJON</b> | <b>16-Jan-2024</b> |
| 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: <b>DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144</b>                      |                                                                                                          |                          |
| ADDRESS: <b>REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.</b> |                                                                                                          |                          |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: <b>DG SHIPPING BANGLADESH</b>                                     |                                                                                                          |                          |
| DATE OF ISSUE PHYSICIAN'S CERTIFICATE: <b>06-05-2014</b>                                                       |                                                                                                          |                          |
| SIGNATURE OF PHYSICIAN:     | STAMP OF PHYSICIAN:  | DATE: <b>16 JAN 2024</b> |
| EXPIRY DATE OF CERTIFICATE: <b>15 JAN 2026</b>                                                                 |                                                                                                          |                          |

*This certificate is issued 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 (Birmen), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
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# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |  |                                                                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: <b>SUJON</b>                                                                                                                                                                                                                   |  | GIVEN NAME (S): <b>IMRAN KABIR</b>                                                                                                                     |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>1</b> MONTH <b>12</b> YEAR <b>1990</b>                                                                                                                                                                         |  | PLACE OF BIRTH<br>CITY <b>JAMALPUR</b> COUNTRY <b>BANGLADESH</b>                                                                                       | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> |  | MAILING ADDRESS OF APPLICANT:<br><b>C/O. MD. RAFIQUIL ISLAM, VILL. SHAPLENZA,<br/>P.O. MESTA, P.S. SARISHABARI,<br/>DIST. JAMALPUR<br/>BANGLADESH.</b> |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION    |                 | COLOR TEST TYPE |                               | HEARING                                     |                     |
|-----------|-----------------|-----------------|-------------------------------|---------------------------------------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES    |                               |                                             |                     |
| RIGHT EYE | <b>6/6</b>      | —               | <input type="checkbox"/> BOOK | <input checked="" type="checkbox"/> LANTERN | RIGHT EAR <b>MR</b> |
|           | <b>6/6</b>      | —               | YELLOW <b>MR</b>              | RED <b>MR</b>                               |                     |
| LEFT EYE  | <b>6/6</b>      | —               | GREEN <b>MR</b>               | BLUE <b>MR</b>                              | LEFT EAR <b>MR</b>  |

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) **16 JAN 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.

|                                                                                    |                          |                    |
|------------------------------------------------------------------------------------|--------------------------|--------------------|
|  | <b>IMRAN KABIR SUJON</b> | <b>16-Jan-2024</b> |
| 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; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

|                                                                                                             |                                                                                                          |                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|
| SIGNATURE OF PHYSICIAN:  | STAMP OF PHYSICIAN:  | DATE: <b>16 JAN 2024</b> |
| EXPIRY DATE OF CERTIFICATE: <b>15 JAN 2026</b>                                                              |                                                                                                          |                          |

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

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



# HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,  
Agrabad C/A, Chattogram, Bangladesh.  
Tel: +88 02333316214-6

|             |                   |        |                   |
|-------------|-------------------|--------|-------------------|
| Name        | IMRAN KABIR SUJON | Date   | 16-Jan-2024       |
| Age         | 33                | Sex    | MALE              |
| Passport No | EG0925723         | CDC No | CO6071            |
| Sample      | BLOOD             | Rank   | 2ND ASST ENGINEER |

## BIOCHEMISTRY REPORT COMPARE

|                     |                |                |                 |
|---------------------|----------------|----------------|-----------------|
| Vessel Name:        | FANFARE        | GINGA LION     |                 |
|                     | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report      | 09-08-2023     | 16-01-2024     | -               |
| Serum Bilirubin     | 0.8            | 0.62           | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 23             | 28             | Up to 37 U/L    |
| Serum S.G.P.T.      | 34             | 24             | Up to 42 U/L    |

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

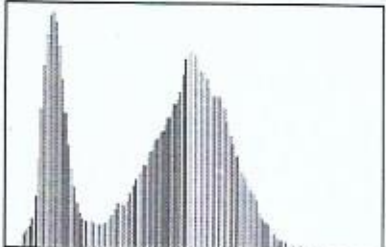
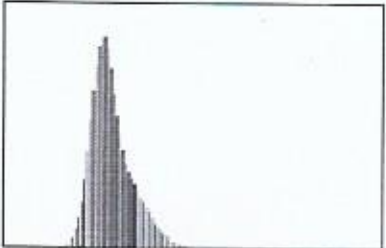
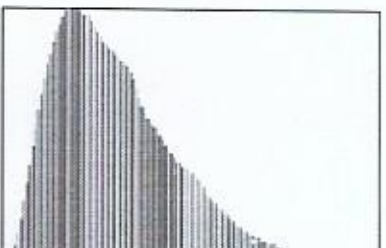
DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)  
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DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited



**Id No** : 0275 **Date** : 16-Jan-2024 **D.Date** : 16-Jan-2024  
**Patient's Name** : IMRAN KABIR SUJON **Age** : 32Y 1M 3D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/6071

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |                                                                                       |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.7 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |                                                                                       |
| <b>ESR(Westergreen)</b>            | <b>04 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |                                                                                       |
| <b>Total WBC Count(TC)</b>         | <b>7,600 /cumm</b>    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |   |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |                                                                                       |
| Neutrophils                        | <b>72 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |                                                                                       |
| Lymphocytes                        | <b>24 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |                                                                                       |
| Monocytes                          | <b>02 %</b>           | Child: 03-07 %, Adult: 02-10 %                                                                     |                                                                                       |
| Eosinophils                        | <b>02 %</b>           | Child: 01-03 %, Adult: 01-06 %                                                                     |                                                                                       |
| Basophils                          | <b>00 %</b>           | Adult: 00-01 %                                                                                     |                                                                                       |
| Total Cir. Eosinophils             | <b>152 /cumm</b>      | 50-450/cumm                                                                                        |  |
| <b>Total RBC Count</b>             | <b>5.70 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |                                                                                       |
| HCT/PCV                            | <b>38.7 %</b>         | M: 40-54%, F:37-47%                                                                                |                                                                                       |
| MCV                                | <b>67.9 fL</b>        | 76 - 94 fL                                                                                         |                                                                                       |
| MCH                                | <b>27.5 pg</b>        | 27 - 32 pg                                                                                         |                                                                                       |
| MCHC                               | <b>40.6 g/dL</b>      | 29 - 34 g/dL                                                                                       |                                                                                       |
| RDW                                | <b>12.7 %</b>         | 11 - 16 %                                                                                          |                                                                                       |
| PDW                                | <b>15.8 fL</b>        | 35 - 56 fL                                                                                         |                                                                                       |
| <b>Total Platelete Count (PC)</b>  | <b>1,71,000 /cumm</b> | 150,000-450,000/cumm                                                                               |  |
| MPV                                | <b>10.2 fL</b>        | 7.0 - 11.0 fL                                                                                      |                                                                                       |
| PCT                                | <b>0.134 %</b>        | 0.1 - 0.5 %                                                                                        |                                                                                       |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |                                                                                       |
| Cloting Time(CT)                   | <b>%</b>              | 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        | DIA24010275                                           | Received Date | 16/01/2024       |
| Patient's Name | IMRAN KABIR SUJON                                     |               |                  |
| Patient's Age  | 32Y 1M 3D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/6071 |
| Sample         | BLOOD                                                 |               |                  |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.6 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.61 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 24.0 U/L   | Up to 37 U/L     |
| Serum ALT (SGPT)         | 28.0 U/L   | Up to 40 U/L     |
| HbA1C                    | 5.1 %      | 4.2 - 6.7 %      |

### 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        | DIA24010275                                           | Received Date | 16/01/2024       |
| Patient's Name | IMRAN KABIR SUJON                                     |               |                  |
| Patient's Age  | 32Y 1M 3D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/6071 |
| Sample         | BLOOD                                                 |               |                  |

## SEROLOGICAL REPORT

### Test Name

### Result

|                                     |              |
|-------------------------------------|--------------|
| HBsAg (Method : (ICT)               | Negative     |
| HIV 1 & 2 (Method : (ICT)           | Negative     |
| VDRL                                | Non-reactive |
| <b><u>BLOOD GROUPING Result</u></b> |              |
| 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        | DIA24010275                                                            | Received Date | 16/01/2024 |
| Patient's Name | IMRAN KABIR SUJON                                                      |               |            |
| Patient's Age  | 32Y 1M 3D                                                              | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/6071 |               |            |
| Sample         | URINE                                                                  |               |            |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

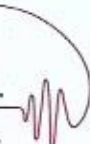
|                 |          |
|-----------------|----------|
| Cocaine         | Negative |
| Morphine        | Negative |
| Marijuana       | Negative |
| Barbiturates    | Negative |
| Amphetamines    | Negative |
| Phencyclidine   | Negative |
| Alcohol         | Negative |
| Benzodiazepines | Negative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

Checked By

Medical Technologist.  
Radical Hospital Ltd.



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



|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA24010275                                           | Received Date | 16/01/2024       |
| Patient's Name | IMRAN KABIR SUJON                                     |               |                  |
| Patient's Age  | 32Y 1M 3D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/6071 |
| Sample         | URINE                                                 |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/HPF |

#### CHEMICAL EXAMINATION CASTS / LPF

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

#### ON REQUESTCRYSTALS & OTHERS

|              |          |                   |     |
|--------------|----------|-------------------|-----|
| Bile Salt    | Not Done | Urates            | Nil |
| Bile Pigment | Not Done | Uric Acid         | Nil |
| Ketones      | Not Done | Calcium oxalate   | Nil |
| Urobilinogen | Not Done | Amor. Phos        | Nil |
| B.J. Protein | Not Done | Hippurate crystal | Nil |

Checked By

Medical Technologist.  
Radical Hospital Ltd.

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



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24010275 Receive: 16/01/2024 Print: 16/01/2024  
Patient's Name : **IMRAN KABIR SUJON**  
Age : 23 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



ID: 71

16-01-2024 13:42:51

*Iman Habib Siddiqi*

Male 33 Years

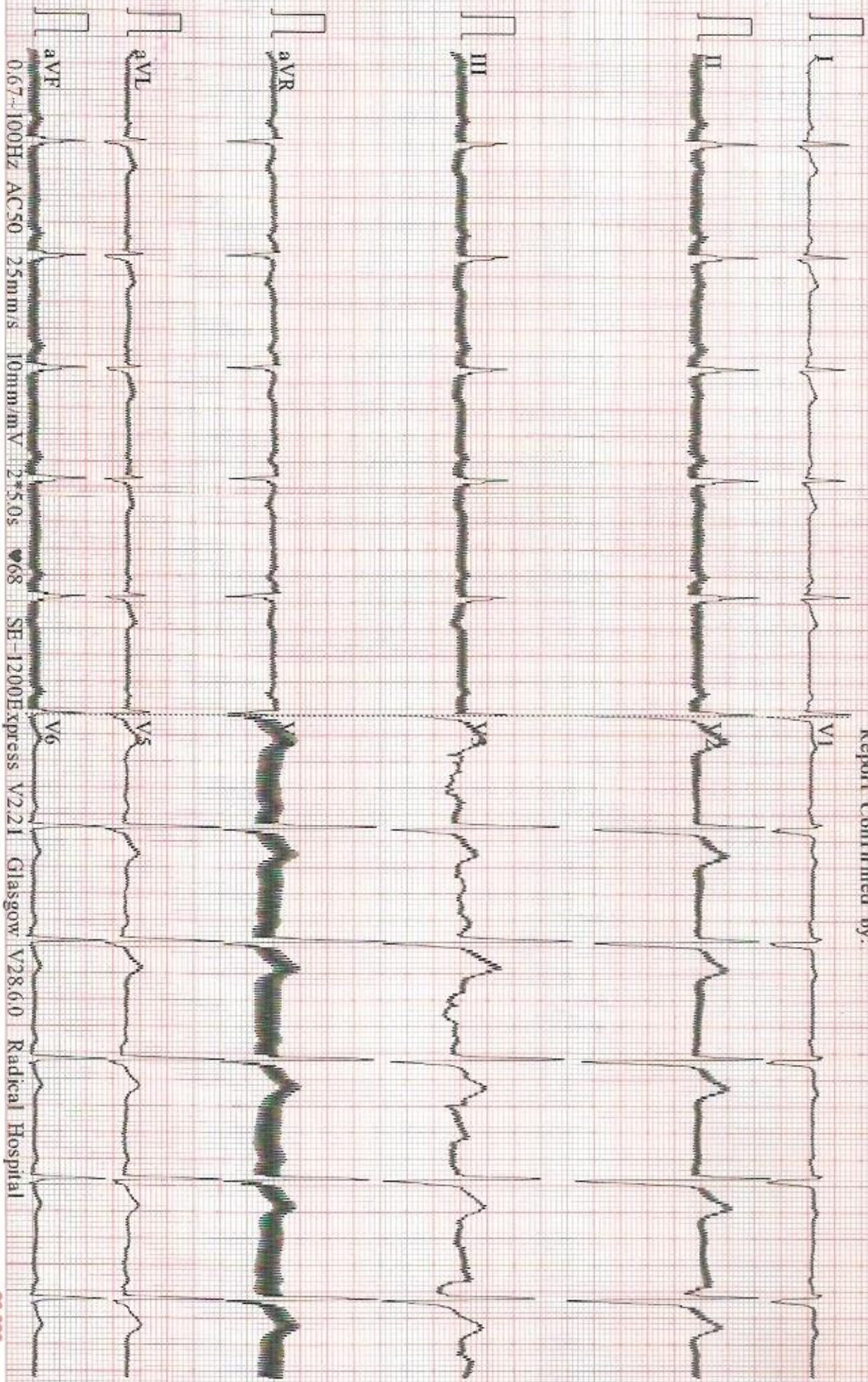
|         |               |    |
|---------|---------------|----|
| P       | : 124         | ms |
| PR      | : 176         | ms |
| QRS     | : 128         | ms |
| QT/QTc  | : 352/375     | ms |
| PQRST   | : 69/69/23    | ms |
| RV5/SV1 | : 1.837/0.803 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:





REF: GINGA LION

DATE: 16/01/2024

M/S. HAQUE & SONS LTD.  
RUMMANA HAQUE TOWER  
1267/A, GOSHAIL DANGA  
AGRABAD C/A, CHITTAGONG.

## EYE EXAMINATION REPORT

|                         |                           |                  |
|-------------------------|---------------------------|------------------|
| NAME: IMRAN KABIR SUJON | RANK: 2 <sup>ND</sup> ENG | CDC NO: C/O/6071 |
|-------------------------|---------------------------|------------------|

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan  
MBBS, PGT (Ophthalmology)  
Assistant Registrar (EX)  
East west Medical College & Hospital



|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 24010275                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 16/01/2024 |
| Patient Name | IMRAN KABIR SUJON                                     |               |            |
| Age          | 33Yrs                                                 | 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 – 10.3cm. 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 – 11.3 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.*

**URETER:** There is no dilatation in both ureter .

**URINARY BLADDER:** Is well filled. Wall thickness is regular and within normal limit.  
No intravesicle lesion is seen

**PROSTATE:** Normal in size, volume is- 10.9cc regular in shape. Echogenicity is homogenous.  
No area of calcification is seen.

**COMMENT:** Suggestive of Normal study.

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

# RADICAL HOSPITAL LTD

HOUSE # 35, SECTOR -12, SHAH MAKHDUM AVENUE,UTTARA,DHAKA.

## ULTRASOUND REPORT

Patient Name: IMRAN KA BIR SUJON 33Y KUB Study ID: 20240116142014  
 Patient ID: 275 Patient Birthday



X

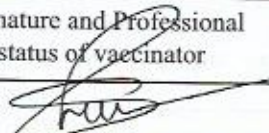
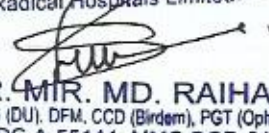
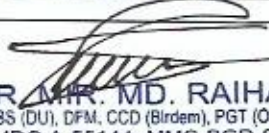
X



INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA

This is to certify that } Date of birth 01-12-1990 Sex MALE  
whose signature follows } IMRAN KABIR SUSON

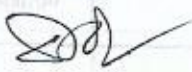
has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                            | Approved Stamp                                                                      |   |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|
| 06 OCT 2021 | <br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |   |
| 04 JAN 2023 | <br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |   |   |
| 09 AUG 2023 | <br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  | 4 |
| 15 JAN 2024 | <br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  | 6 |
| 6           |                                                                                                                                                                                                                                                                            |                                                                                     |   |
| 7           |                                                                                                                                                                                                                                                                            | 7                                                                                   | 8 |
| 8           |                                                                                                                                                                                                                                                                            |                                                                                     |   |

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that *Indira Kabir Syon* } Date of birth 01-12-1990 Sex Male  
whose signature follows }

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                    | Origin and batch no, of vaccine                                                   | Official stamp of vaccination centre                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1<br>21 JUN 2010 | <br><b>DR. M. AYUBUR RAHMAN</b><br>M.B.B.S. PG T. (Medicine)<br>Taher Chamber<br>10, Agrabad C/A, Chittagong<br>Regn. No. A-11820 |  | 1 2<br> |
| 2<br>22 MAY 2019 |                                                                                                                                  | Star mail<br>L 585603                                                             |        |
| 3                | <b>Dr. Md. Rafiqul Islam</b><br>M.B.B.S. A.M.C (Part-1)<br>Spalazar's Medical Practitioner<br>Approved By D.G. Shipping Dhaka<br>Regd No : A 22539                                                                 |                                                                                   |                                                                                          |
| 4                |                                                                                                                                                                                                                    |                                                                                   |                                                                                          |

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated 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 date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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