



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HS4330FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND MAMUN	MIDDLE NAME MAHBUB
PLACE AND DATE OF BIRTH MYMENSINGH 11-Nov-1982	PASSPORT NUMBER B00025225	SEAMAN'S BOOK NUMBER C/O/4330
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : 25 MOHAMMAD ALI ROAD, MYMENSINGH, BANGLADESH, 2200		TRADING AREA : WORLD WIDE
		CONTACT NUMBER : 01717179484 (SELF)
		RANK : CHIEF ENGINEER

Have you ever had any of the following conditions?

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

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

Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?

☐ YES ☒ NO

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 **70 kg** Height (cm) **172** BMI **23.6** Blood Pressure: Systolic **120 mm** Diastolic **80 mm** PULSE: **78 bpm**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☐ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

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

16 JAN 2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	☒
DC (differential count)	☒	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	15.2	DRUG AND ALCOHOL TESTS		
ESR (WESTERGREN)	06	Morphine	☐ Positive ☒ Negative	HIV Ag
WBC	6.400	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	5.5	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	5.1%	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultrasound)

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

Signature of Seafarer: MAMUN MAHBUB HOSSAIN Date: 16 JAN 2024
 Name of Seafarer

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:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ 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?

☒ Yes ☐ No

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

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

Fitness Date: 16 JAN 2024 Valid Until: 15 JAN 2025

DR. MIR MD. RAIHAN
 Name and Signature of Medical Examiner

In Accordance with Medical Examination (Seafarers) Code of Practice, 1996 as Amended, STCW 1978/1996 as Amended, MLC 2006



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MAMUN MAHBUB HOSSAIN

RANK : CHIEF ENGINEER

CDC NO : C/O/4330

DOB : 11-Nov-1982

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- 1 Have you ever had coronary thrombosis or certain types of heart surgery?
- 2 Are you suffering from any heart-related complications?
- 3 Are you a diabetic ?
- 4 If you are diabetic, do you need injections of insulin for diabetes?
- 5 Have you ever had a stroke, or unexplained loss of consciousness?
- 6 Have you ever been treated for a mental or nervous problem?
- 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?
- 8 Do you have any hearing difficulties or are you using any hearing aid?
- 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?
- 10 Are you aware of any other health condition that could affect your fitness for seafaring employment *

YES	NO
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 16 JAN 2024

Signed :

The Crew Member

* If yes, mention details below:-

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

S. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: _____

Signature: (署名)

(Care holder) (本人)

16 JAN 2024

MEDICAL RECORDS

(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) Tel: _____ Fax: _____ (国語)

Name: MAHABUB HOSSAIN Sex (性別): M/F
(氏名) given name (名) family name (姓) (男/女)

Name of Position: CH. ENGR Date of Birth: 11-11-82
(職種) (生年月日) (D-M-Y)

Height: (身長) 172 cm Weight: (体重) 70 kg/at age 20: (20 才時) _____ kg
Pulse: 78 /min Normal breathing rate: 14 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: O+ /Rh () Single/Married
(血圧) (血液型) (独身/結婚)

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ (_____ mmol/l)

Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ (_____ mmol/l)

DR. MIR. MD. RAIHAN
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Medical Information (医療情報) • Please check the appropriate items.
該当する二項に○印を記入して下さい。

1. ALLERGIES: ☐ Urticaria (hives) ☐ Asthma ☐ Other
(アレルギー) (じんましん) (ぜんそく) (その他)

2. Drug allergies (name): ☐ Food allergies (name): ☐
(薬品名) (食品名)

3. PAST HISTORY (病歴)

(1) Past serious illness: ☐ Age (年齢):

Surgery (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (持病/有無)

Name of illness: (持病名)

Name(s) of medicine(s) used for the above disease(s). (上記持病に使用した一投薬品名)

16 JAN 2024

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake (飲酒) ☐ Do not drink (飲まない)

☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎晩)

☐ Heavy drinker (毎日) ☐ Moderate drinker (中程度) ☐ Light drinker (時々)

(2) Smoking (喫煙) ☐ Never smoke (吸わない)

☐ Not smoking in 19____年

☐ Smoke _____ cigarettes a day (1日平均 _____ 本吸う)

(3) Bowel movements (排便)

☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences (食嗜好)

☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)

(5) Exercise (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep (睡眠) ☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight (体重) ☐ Constant (変わらない) ☐ Putting on weight (太っていく)

☐ Losing weight (やせていく)

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCO (Burdem), PGT (Opthi)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.



Id No : 0281
Patient's Name : MAMUN MAHBUB HOSSAIN
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4330

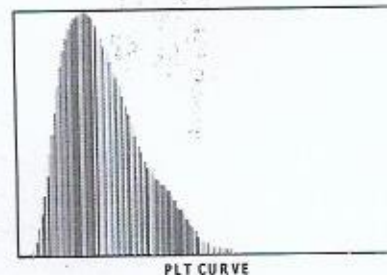
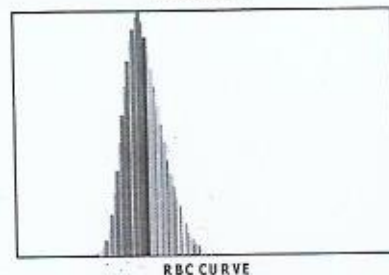
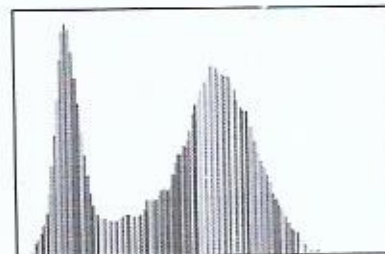
Date : 16-Jan-2024
Age : 41Y 2M 5D

D.Date : 16-Jan-2024
Gender : Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	72 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	22 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	128 /cumm	50-450/cumm
Total RBC Count	5.08 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.7 %	M: 40-54%, F:37-47%
MCV	80.1 fL	76 - 94 fL
MCH	29.9 pg	27 - 32 pg
MCHC	37.3 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	13.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,37,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.197 %	0.1 - 0.4 %
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	DIA24010281	Received Date	16/01/2024
Patient's Name	MAMUN MAHBUB HOSSAIN		
Patient's Age	41Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4330
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	24.0 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	DIA24010281	Received Date	16/01/2024
Patient's Name	MAMUN MAHBUB HOSSAIN		
Patient's Age	41Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4330
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING Result</u>	
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	DIA24010281	Received Date	16/01/2024
Patient's Name	MAMUN MAHBUB HOSSAIN		
Patient's Age	41Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4330
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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.

REF:	M.V ONE MACKINAC	DATE: 16/01/2024
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MAMUN MAHBUB HOSSAIN	RANK: CHL.ENG	CDC NO: C/O/4330
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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

Male 49 Years

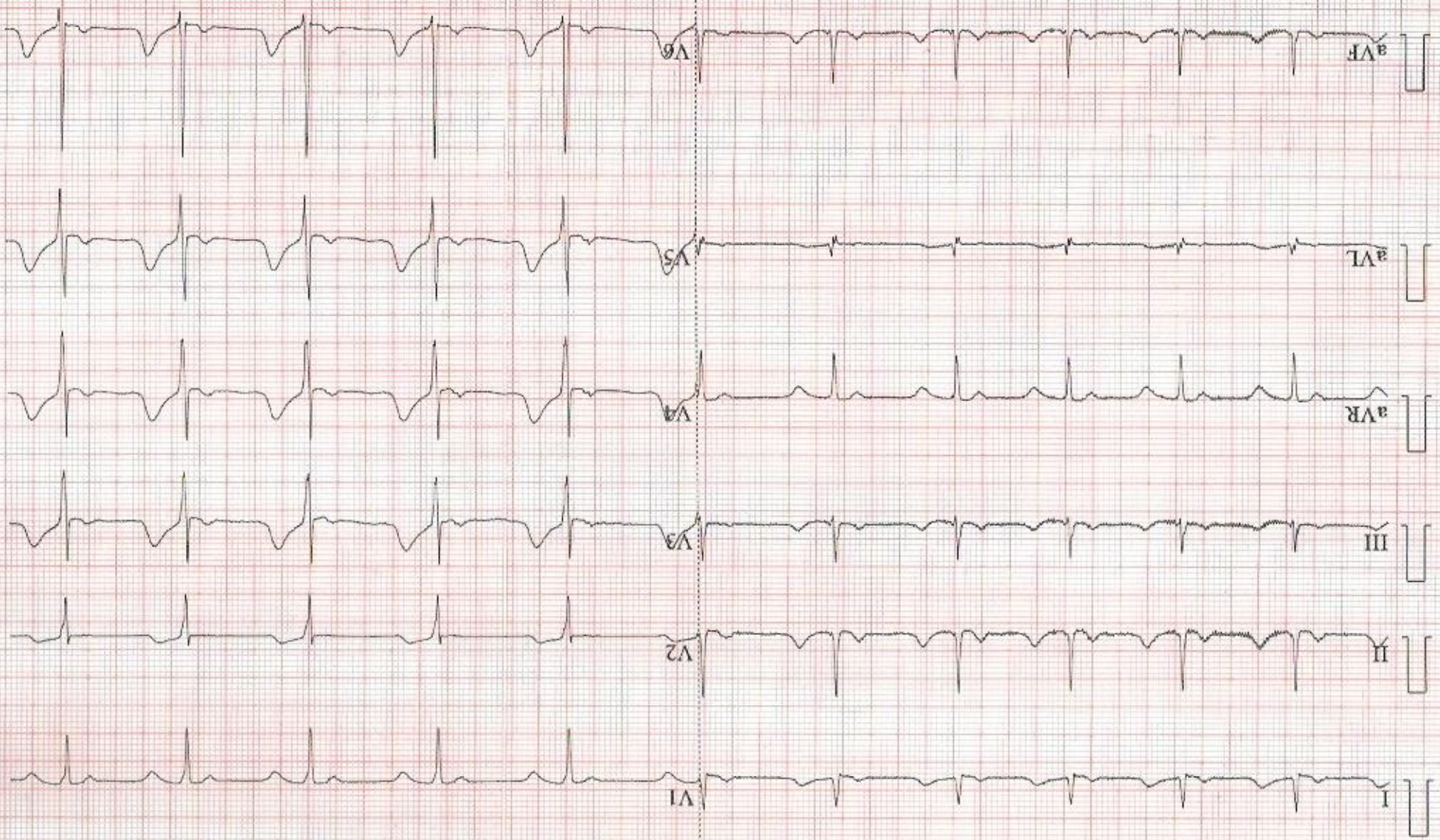
Pravin Mahab
4088217

HR : 67 bpm
P : 114 ms
PR : 182 ms
QRS : 84 ms
QT/QTc : 384/406 ms
P/QRS/T : 52/58/47 °
RV5/SV1 : 1.029/0.871 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010281 Receive: 16/01/2024 Print: 16/01/2024
Patient's Name : **MAMUN MAHBUB HOSSAIN**
Age : 41 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
09 APR 2023	MR. PEARL RIVER BRIDGE	Pulse 78 bpm BP 130/80 mmHg	Normal	Normal	Normal	Normal	Normal
16 JAN 2024	MR. ONE MARGINE	Pulse 78 bpm BP 130/80 mmHg	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				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	
				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	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 11-NOV-1982 Sex MALE
MAMUN MAHBUB HOSSAIN.

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of Vaccinator	Approved Stamp
02 AUG 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mahdum Avenue Uttara, Dhaka BANGLADESH
09 APR 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mahdum Avenue Uttara, Dhaka BANGLADESH
16 JAN 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mahdum Avenue Uttara, Dhaka BANGLADESH
5		5
6		6
7		7
8		8

Continued overleaf Suite our erso

K LINE-SHIP MANAGEMENT GROUP
SINGAPORE - TOKYO - MUMBAI



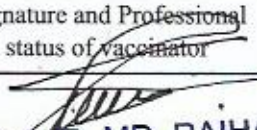
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 19-NOV-1982 Sex MALE

MAAMUN MAHRUB HOSSAIN

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
02 AUG 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
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, of failure to complete any part of it may render it invalid.

K LINE-SHIP MANAGEMENT GROUP
SINGAPORE - TOKYO - MUMBAI

