

**HAQUE & SONS LTD.**

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
H1633

**MEDICAL EXAMINATION CERTIFICATE**

SURNAME NURUZZAMAN		FIRST NAME AND MD		MIDDLE NAME	
PLACE AND DATE OF BIRTH PATUAKHALI 1-Sep-1988		PASSPORT NUMBER B00077757		SEAMAN'S BOOK NUMBER C/O/7017	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CONTAINER SHIP TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : NIZAM MANSION, WEST ARAMBAG, PATUAKHALI SADAR, PATUAKHALI, 8500, BANGLADESH.				CONTACT NUMBER : +8801712593572 (SELF)	
				RANK : ELEC	

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?	☐	☒
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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 **65 kg** Height (cm) **168** BMI **23.0** 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			
	Unaided		Aided	
	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

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

15 JAN 2024

	Visual fields	
	Normal	Defective
	Right eye	Left eye
Right eye	☒	
Left eye		☒

YES / NO

☒ Doubtful☐ Defective

	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	<i>normal</i>	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☒ Negative
ECG	<i>normal</i>	BILIRUBIN	<i>0.4</i>		Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	<i>25</i>		URINE R/E	<i>normal</i>	
DC(differential count)	<i>normal</i>	SGOT	<i>24</i>		OTHERS		
HAEMOGLOBIN (HGB)	<i>15.0</i>	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	<i>0.6</i>	Morphine	☒ Positive	☐ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	<i>5200</i>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	<i>B</i>	
RANDOM	<i>5.5</i>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<i>normal</i>	
HBA1C	<i>5.0%</i>	Cocaine	☐ Positive	☐ Negative	Others(KUB Ultrasound)	<i>normal</i>	

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

MD NURUZZAMAN

15 JAN 2024

Signature of Seafarer

Name of Seafarer

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:

☒ 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:

15 JAN 2024

Valid Until:

14 JAN 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT NURUZZAMAN			FIRST NAME MD.			MIDDLE INITIAL		
DATE OF BIRTH 9 MONTH 1 DAY 1988 YEAR			PLACE OF BIRTH PATUAKHALI CITY BANGLADESH COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT:		
MASTER ☐		RATING ☐		HOUSE-5/12, BLOCK-F				
MATE ☐		MOU DECK ☐		LALMATIA, DHAKA				
ENGINEER ☒		MOU ENGINE ☐		BANGLADESH.				
RADIO OFF ☐		SUPERNUMERARY ☐						
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE			
268mm	65kg	120/80mmHg	78b/min	20b/min	GOOD			
VISION:		RIGHT EYE		LEFT EYE				
WITHOUT GLASSES		6/6		6/6				
WITH GLASSES								
DATE OF LAST COLOR VISION TEST (Month/Day/Year)				15 JAN 2024				
				Testing Required every 6 years				
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?				YES ☐ NO ☐				
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TEST IS NORMAL				YELLOW ☒ RED ☐ GREEN ☐ BLUE ☐				
HEARING		RT. EAR		LEFT EAR				
		Normal		Normal				
HEAD AND NECK		Normal		HEART (CARDIOVASCULAR)		Normal		
LUNGS		Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒				
EXTREMITIES:		UPPER		LOWER				
		Normal		Normal				
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.								
NO								
SIGNATURE OF APPLICANT				DATE OF EXAM		EXPIRY DATE		
				15 JAN 2024		14 JAN 2026		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO				MD. NURUZZAMAN				
				(NAME OF APPLICANT)				
				FIT FOR DUTY ON BOARD SHIP				
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).								
NAME AND DEGREE OF PHYSICIAN		DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)						
ADDRESS		RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.						
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)						
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		06-May-14						
SIGNATURE OF PHYSICIAN				DATE OF EXAMINATION:		15 JAN 2024		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-I05M ANNEX 2

1

Rev0 - 09/01/2023

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



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-01623
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

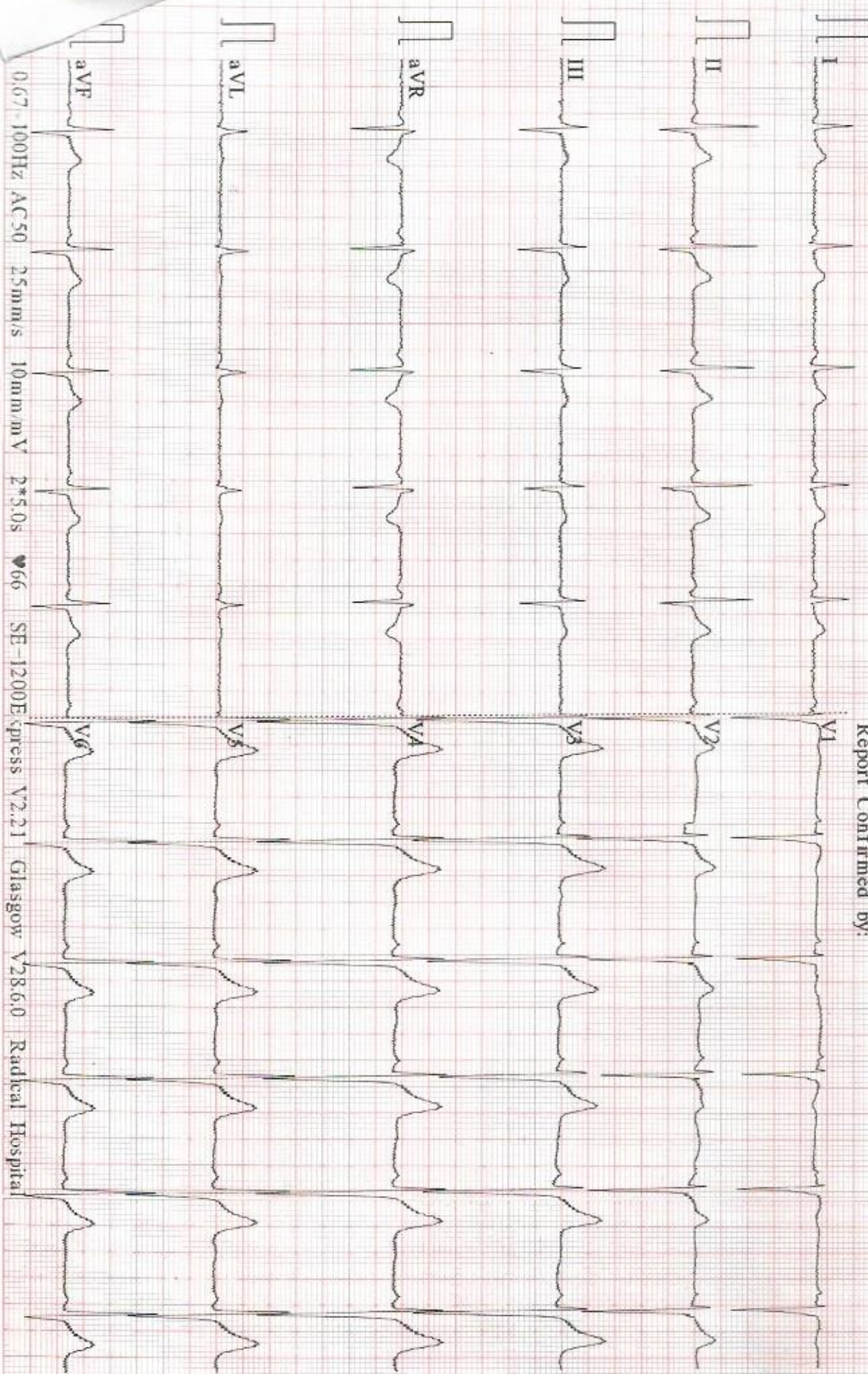
ID: 3/
Mr McEwan
Male 55 Years

08-01-2024 11:44:42

HR : 66 bpm
P : 112 ms
PR : 140 ms
QRS : 94 ms
QT/QTc : 368/386 ms
P/QRS/T : 27/11/50 °
RV5/SV1 : 1.417/1.497 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s W66 SE-1200E cpress V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010255 Receive: 15/01/2024 Print: 15/01/2024
Patient's Name : MD NURUZZAMAN
Age : 35 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

REF: MV.MSC CORDELIA III(MARLOW)

DATE: 15/01/2024

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

EYE EXAMINATION REPORT

NAME: MD. NURUZZAMAN

RANK: ELEC

CDC NO: C/O/7017

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

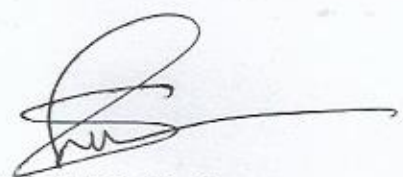
6/6

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

Id No : 0255
Patient's Name : MD NURUZZAMAN
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/7017

Date : 15-Jan-2024

Age : 35Y 4M 14D

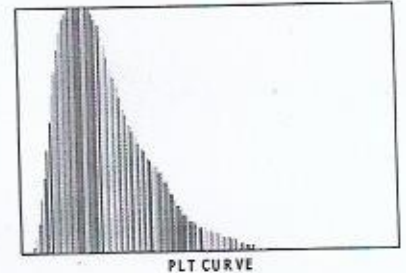
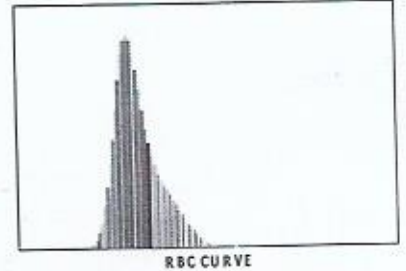
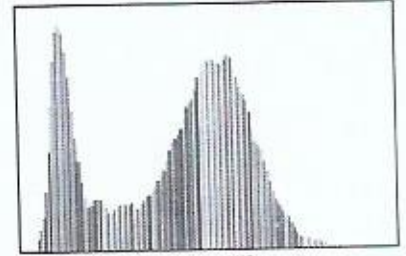
D.Date : 15-Jan-2024

Gender : Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.0 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)	5,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	74 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	22 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	114 /cumm	50-450/cumm
Total RBC Count	4.85 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.2 %	M: 40-54%, F:37-47%
MCV	76.7 fL	76 - 94 fL
MCH	30.9 pg	27 - 32 pg
MCHC	40.3 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	14.7 fL	35 - 56 fL
Total Platelete Count (PC)	1,87,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.126 %	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	DIA24010255	Received Date	15/01/2024
Patient's Name	MD NURUZZAMAN		
Patient's Age	35Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7017
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.41 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
HbA1C	5.0 %	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	DIA24010255	Received Date	15/01/2024
Patient's Name	MD NURUZZAMAN		
Patient's Age	35Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/7017
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	"AB" (+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	DIA24010255	Received Date	15/01/2024
Patient's Name	MD NURUZZAMAN		
Patient's Age	35Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7017
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	DIA24010255	Received Date	15/01/2024
Patient's Name	MD NURUZZAMAN		
Patient's Age	35Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7017
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC 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 REQUEST CRYSTALS & 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

md. Nuruzzaman
This is to certify that } Date of birth 01-09-1988 Sex male
whose signature follows }

Nuruzzaman

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 4 DEC 2016	<i>DR. M. AYUBUR RAHMAN</i> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 2, SHAH MAJID ROAD AGRAHABAD, CTG. BANGLADESH
2 25 SEP 2017	<i>DR. M. AYUBUR RAHMAN</i> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 2, SHAH MAJID ROAD AGRAHABAD, CTG. BANGLADESH
3 27 JUL 2018	<i>DR. M. AYUBUR RAHMAN</i> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 2, SHAH MAJID ROAD AGRAHABAD, CTG. BANGLADESH
5 24 DEC 2020	<i>DR. MIR. MD. RAIHAN</i> MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mahdum Avenue Uttara, Dhaka BANGLADESH
6		
7 09 MAR 2022	<i>DR. MIR. MD. RAIHAN</i> MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mahdum Avenue Uttara, Dhaka BANGLADESH
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15 JAN 2024

DR. MIR. MD. RAIHAN
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General Physician
Shippin Bangladesh for a per
General Hospital Limited
Radical Hospital and Revacci



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.

OTHER VACCINATIONS AUTERS VACCINATION

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