REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: Hossain (Surname) Bakir (First Name) Sex: Male Serial No:

Date of Birth: 10 / 06 / 1991 PP/CDC: ✓ (Middle Initial) C10/12668 Rank: Oiler

Vessel: Rio Napo Type: oil / chemical Route:

Home Address: vill: Nikhorhati, P.O: Batikamari, P.S: Nagarkanda, Faridpur

Company Name : Melody ship Management

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
162cm	65 kg	40-42 inch	120/80 mm	78/m	18/m	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal ✓ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		
Ishihara	Normal ✓	Abnormal
Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal ✓	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS OILER
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal ✓	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	15.5 gm%	14-16 gm %
Total WBC count	10,800 cu.mm	4000-11000 / cu.mm
Neu 50 % Lymp 31 % Eos 09 Ba 00 % Mo 06 %		
Malarial parasite	Not Found.	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	30 U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		
Blood Group		GGTP U/L

Urine	
Colour	Straw
Specific Gravity	N
pH	N
Albumin	N
Sugar	N
Bile pigment	N
Bile salts	N
Occult blood	N
RBC cells	N
Leucocytes	N
Others	

ECG : Normal TMT: NE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, [illegible] certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 08 JUL 2026

Candidate's Signature Hossain

Date: 09 JUL 2024

Official Stamp

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Doctor's signature:

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

04.2024.5960

COOK ISLANDS
PHYSICAL EXAMINATION
REPORT / CERTIFICATE

Ship Registration
FORM. 31
v.3

Surname	Hossain	Given Name(s)	Bakir
Date of Birth	Day 10	Month 06	Year 1991
Place of birth	City Faridpur.	County **BANGLADESH**	

Examination for Duty As		Mailing Address of Applicant
Master	☐	Vill: Nikhorhati
Deck Officer	☐	P.O: Batikamari
Engineering Officer	☐	P.S: Nagarkanda
Radio Officer	☐	Dis: Faridpur.
Rating	☑	

(affix p

DR. MIR MD. RAIHAN
RADICAL HOSPITALS LTD
REG. NO. A-55

Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
162cm	65kg	120/80mm	78bpm	18bpm	Good

Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses					
Without Glasses	6/6	6/6			

Dental

The applicant is free from visual infections of the mouth cavity or gums — Yes ☐ No ☐

Colour Test

Book ☐ — Lantern ☐

Red	Yellow	Blue	Green
☐	☐	☐	☐

Are glasses or contact lenses required to meet the required vision standard — Yes ☐ No ☐

Head and Neck	Heart (Cardiovascular)
Normal	Normal.
Lungs	**Speech** Deck/Navigational – Officer/Radio Officer Speech must be unimpaired for normal voice communication
Normal	Normal
Upper extremities	**Lower extremities**
Normal	Normal.

Radical Hospital Ltd. As Per-MLC-2008 Shipping Bangladesh Approved

Is applicant vaccinated in accordance with WHO requirements **	Yes ☑	No ☐

Is the applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/ her unfit for service at sea or likely to endanger the health of other persons on board?

NO

Is the applicant taking any non-prescription or prescription medications If yes please describe below	Yes ☐	No ☑

Bhossain

Signature of Applicant

09.07.2024

Date

To be affixed in the presence of the examining physician

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

BAKIR HOSSAIN

Name of applicant

who is / not* certified to be free of communicable disease

She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating* without / with the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

*delete as appropriate

PHYSICIAN NAME : **DR. MIR MD RAIHAN MBBS,(DU), DFM**

ADDRESS: **RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH**

PHYSICIANS CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

LICENCE NUMBER: **A-55144**

DATE OF ISSUE*: 09 JUL 2024

DATE OF EXPIRY*: 08 JUL 2026

of this certificate

Signature of Physician

09 JUL 2024

Date

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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug related problems and/or injuries. In addition, the following minimum requirements shall apply:

1) Hearing
   a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)

2) Eyesight
   a) Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
   b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
   c) Engineer and radio officer applicants must have (either with or without) glasses at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.

3) Dental
   a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure
   a) An applicant's blood pressure must fall within an average range

5) Voice
   a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations
   a) All applicants shall be vaccinates according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions
   a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

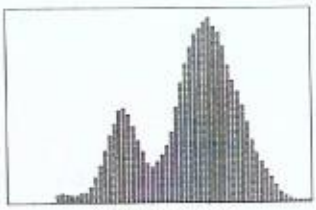
8) Physical Requirements
   a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
   b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.

ID NO	**: 24070217**	**Date**	**: 09/07/2024**
Patient's Name	**: BAKIR HOSSAIN**	**Age**	**: 33Y0M29D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/12668**	**Sex**	**: Male**
Specimen	**: Blood**		

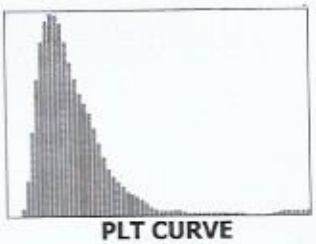
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

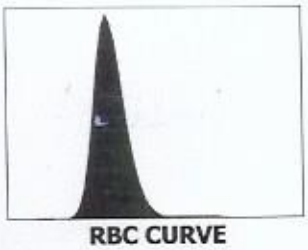
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.5**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**10,800**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	59	%	(40 - 75)%	
Lymphocytes	31	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**432**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**398,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.2	fL	7.0 -11.0 fL	
PDW-CV	16.1	%	10 - 18 %	
PCT	0.37	%	0.10 - 0.28	
P-LCR	21.8	%	9.00 - 45.00%	
P-LCC	87	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.18**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	48.1	%	M: 40-54%, F: 37-47%	
MCV	92.9	fL	76-94 fL	
MCH	29.8	pg	27-32 pg	
MCHC	32.1	g/dL	29-34 g/dL	
RDW SD	52	fL	30.0-57.0 fL	
RDW CV	17.2	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070217	Received Date	09/07/2024
Patient's Name	BAKIR HOSSAIN		
Patient's Age	33Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/12668
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.44 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum Alkaline Phosphate	163 U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070217	Received Date	09/07/2024
Patient's Name	BAKIR HOSSAIN		
Patient's Age	33Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/12668
Sample	BLOOD		

SEROLOGICAL REPORT

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA24070217	Received Date	09/07/2024
Patient's Name	BAKIR HOSSAIN		
Patient's Age	33Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/12668
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.

Bill No	DIA24070217	Received Date	09/07/2024
Patient's Name	BAKIR HOSSAIN		
Patient's Age	33Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/12668
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	24070217	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	08/07/2024
Patient Name	BAKIR HOSSAIN		
Age	33 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is enlarged in size 16.1 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated.

No focal lesion is seen.

GALL BLADDER : Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN :- Is normal in size (9.3 x 3.4)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-11.0 cm, LK-11.1 cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated**. An echogenic structure of (1.1x 0.9)cm is noted in lower calyx of left kidney with posterior acoustic shadowing.**

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size regular in shape volume is 12.2 cc.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of – 1.Fatty change in liver. Grade-1 .

2. ? Left renal calculus.

Adv: X-ray KUB

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

8/7/24

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070217	Receive:09/07/2024	Print: 09/07/2024	
Patient's Name	: BAKIR HOSSAIN			
Age	: 33 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

This report has been electronically signed.

ID:

Bakir Hossain.

Male 33 Years

/ mmHg

09-07-2024 16:05:08

HR	: 62	bpm	
P	: 116	ms	
PR	: 188	ms	
QRS	: 100	ms	
QT/QTc	: 400/407	ms	
P/QRS/T	: 18/5/21	°	
RV5/SV1	: 0.785/0.620	mV	

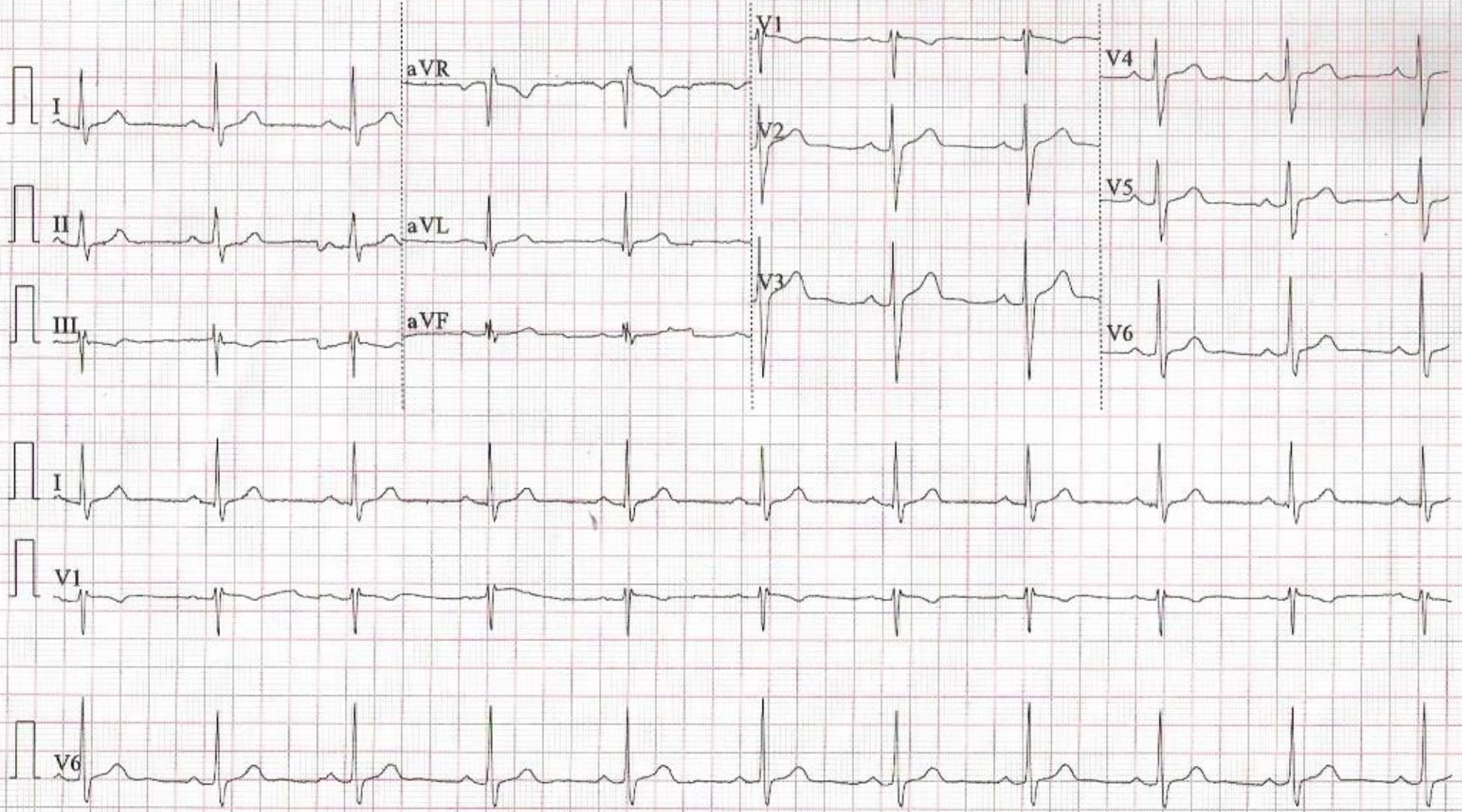
Diagnosis Information:

Sinus rhythm

rSr'(V1) - probable normal variant

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥62 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

CE0123 Size: 210mmX30m

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070217	Receive: Print:09/07/2024		
Patient's Name	:	BAKIR HOSSAIN			
Age	:	33 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	62 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that Bakir Hossain date of birth 10-06-1991 Sex Male
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Bhossain
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	09 JUL 2024	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

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

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;:gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that JE Soussigne' (e) certifie que | Bakir Hossain | Date of birth no' (e) le | 10-06-1991 | Sex sexe | Male

Whose signature follows don't la signature suit | BHossain

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 09 JUL 2024	DR. MD. RAIHAN MBBS (BU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR 8265	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

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

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

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il