HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No A 55144

PATIENT CONTROL NUMBER:
H636

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME	MIDDLE NAME
MAZUMDER	AKRAMUL	HASAN
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
COMILLA 1-Oct-1993	B00785774	CO7723

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CHEM. TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VIL& P.O. BERAKHOLA, PS- BRAHMAN PARA, DIST-COMILLA.

CONTACT NUMBER : 01672-121570 (SELF)/017

RANK : 2ND OFFICER

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	☐	N/A	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?	☐	☑

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 practioner) 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 72kg Height (cm) 166 BMI 26.1 Blood Pressure: Systolic- 120mg Diastolic 80 mg PULSE: 78/m

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

Audiometry			
500	1000	2000	3000
	N/R		

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

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

Cont'd from page 1

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ~~YES~~ / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 08 JUL 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	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	NAD	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.52	Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	23	URINE R/E	NAD	
DC(differential count)	NAD	SGOT	26	OTHERS		
HAEMOGLOBIN (HGB)	14.3	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	10	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	10.200	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	A+ve	
RANDOM	5.3	Barbiturates	☐ Positive ☑ Negative	Psychological Exam	NAD	
HBA1C	5.0%	Cocaine	☐ Positive ☑ Negative	Others(KUB Ultrasound)	NAD	

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

Signature of Seafarer — AKRAMUL HASAN MAZUMDER (Name of Seafarer) — 08 JUL 2024 (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: 08 JUL 2024 Valid Until : 07 JUL 2026

Name and Signature of Authorized Physician

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

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **MAZUMDER**	GIVEN NAME (S): **AKRAMUL HASAN**
DATE OF BIRTH: DAY **1** MONTH **10** YEAR **1993**	PLACE OF BIRTH CITY **COMILLA** COUNTRY **BANGLADESH**
SEX: MALE ☑ FEMALE ☐	
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **VIL& P.O. BERAKHOLA, PS- BRAHMAN PARA, DIST-COMILLA. BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	BOOK ☐ LANTERN ☑ YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑	RIGHT EAR ☑
LEFT EYE	6/6	—		LEFT EAR ☑

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 APLICABLE ☐

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) 08 JUL 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.

Signature of Applicant	Name of Applicant	Date
	AKRAMUL HASAN MAZUMDER	8-Jul-2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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 CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

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

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved | DATE: 08 JUL 2024

EXPIRY DATE OF CERTIFICATE: 07 JUL 2026

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), BPM, CCD (Bkash), PGT (Opth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

HAQUE & SONS LTD.

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

Name	AKRAMUL HASAN MAZUMDER	Date	8-Jul-2024
Age	30	Sex	MALE
Passport No	B00785774	CDC No	CO7723
Sample	BLOOD	Rank	2ND OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	RHAPSODY	GINGA LION	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	29-01-2024	08-07-2024	-
Serum Bilirubin	0.54	0.52	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	19	23	Up to 37 U/L
Serum S.G.P.T.	23	26	Up to 42 U/L

DOCTOR'S REMARKS:	No Restrictions

Radical Hospital Ltd. As Per-MLC-2003 DG Shipping Bangladesh Approved

Doctor Seal & Signature

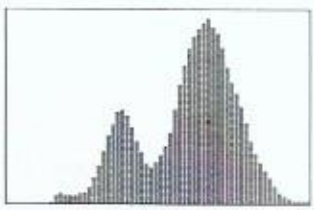
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24070186**	**Date**	**: 08/07/2024**
Patient's Name	**: AKRAMUL HASAN MAZUMDER**	**Age**	**: 30Y 9M 6D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7723**	**Sex**	**: Male**
Specimen	**: Blood**		

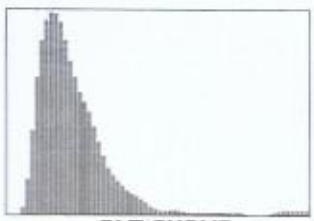
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

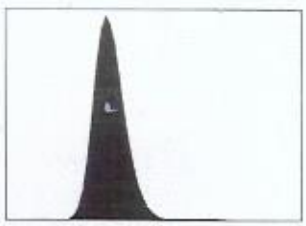
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**14.3**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**10,200**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	25	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**408**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**198,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	12.8	fL	7.0 -11.0 fL	
PDW-CV	17.2	%	10 - 18 %	
PCT	0.25	%	0.10 - 0.28	
P-LCR	43.1	%	9.00 - 45.00%	
P-LCC	85	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.09**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	45.6	%	M: 40-54%, F: 37-47%	
MCV	89.7	fL	76-94 fL	
MCH	28.1	pg	27-32 pg	
MCHC	31.3	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	15.7	%	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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070186	Received Date	08/07/2024
Patient's Name	AKRAMUL HASAN MAZUMDER		
Patient's Age	30Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7723
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
Serum AST (SGOT)	23.0U/L	Up to 37 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070186	Received Date	08/07/2024
Patient's Name	AKRAMUL HASAN MAZUMDER		
Patient's Age	30Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7723
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT	
ABO Blood Group	"A" (+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	DIA24070186	Received Date	08/07/2024
Patient's Name	AKRAMUL HASAN MAZUMDER		
Patient's Age	30Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7723
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-3/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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070186	Received Date	08/07/2024
Patient's Name	AKRAMUL HASAN MAZUMDER		
Patient's Age	30Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7723
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Patient ID	24070186	Voucher No	
Test Name	USG OF KUB	Delivery Date	08//07/2024
Patient Name	AKRAMUL HASAN MAZUMDER		
Age	30 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY : - Is normal in size regular in shape and position. Bipolar length 9.5 cm. The cortical Echogenicity are normal with clear cortico–medullar differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

LT KIDNEY : - Is normal in size regular in shape and position. Bipolar length 9.8 cm. The cortical Echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

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

PROSTATE :- Normal in size , volume is 27 cc & regular in shape. Echogenicity is homogenous.

COMMENT :- **Suggestive of - Normal study.**

Dr. Rabaya Akter Akhi
MBBS,DMU

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

REF:	MT. GINGA LION	DATE: 08/07/2024

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

EYE EXAMINATION REPORT

NAME:	AKRAMUL HASAN MAZUMDER	RANK: 2ND OFF	CDC NO: C/O/7723

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/9
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:

Male 30 Years

mmHg

08-07-2024 20:07:43

HR	: 74	bpm	
P	: 112	ms	
PR	: 150	ms	
QRS	: 84	ms	
QT/QTc	: 386/429	ms	
P/QRS/T	: 11/-29/57	°	
RV5/SV1	: 1.605/0.329	mV	

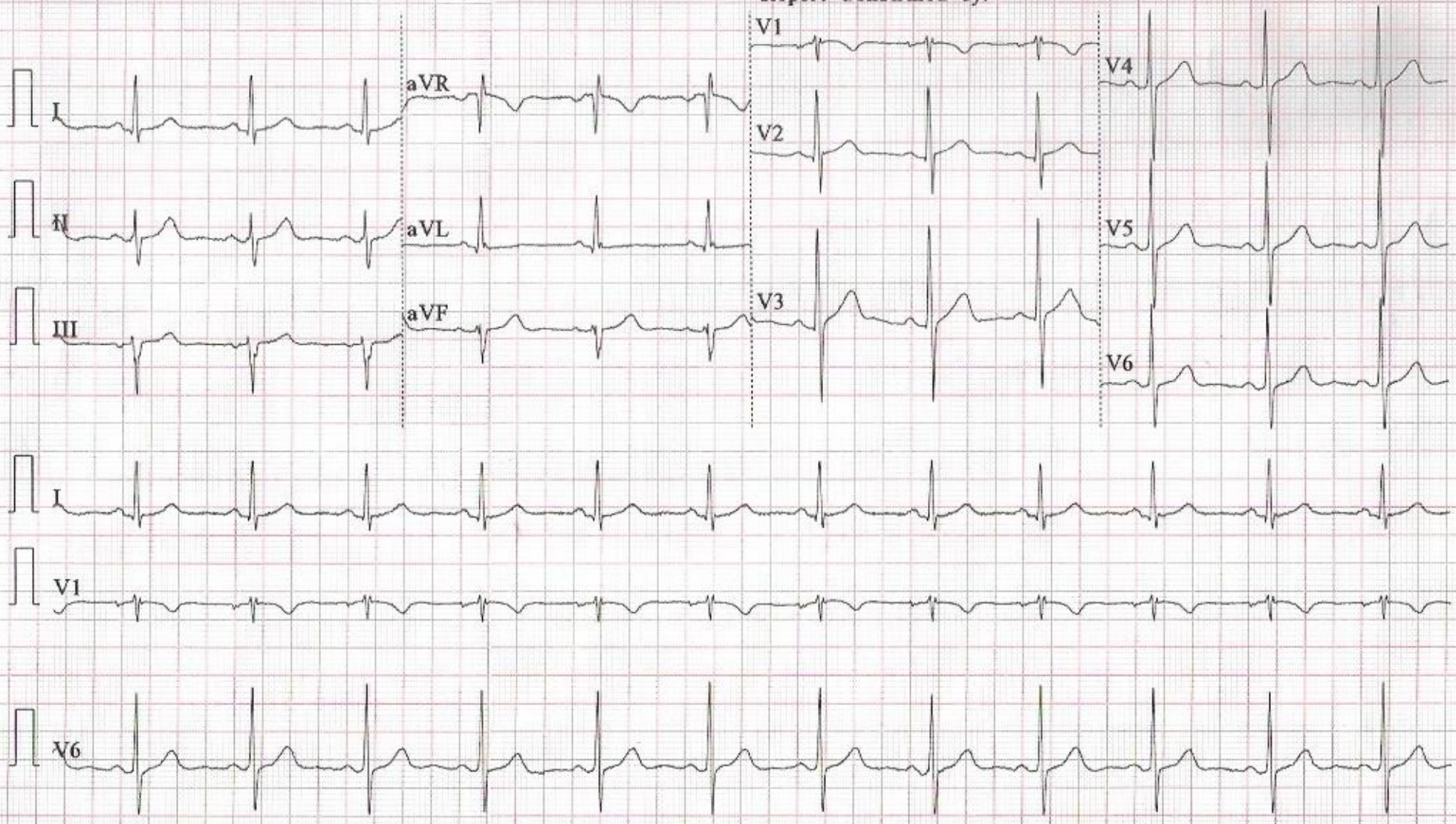
Diagnosis Information:

Sinus rhythm

Leftward axis

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070186	Receive:07/07/2024	Print: 07/07/2024
Patient's Name	:	AKRAMUL HASAN MAZUMDER		
Age	:	30 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.

Certificate (continued) Certificate (quite)

9	27 JUL 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10	09 JUL 2024 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	

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

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

Date	Nature of vaccine		Physician's Signature

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that Mohammad Hasan Mazumder - Date of birth 01-10-1993 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
09 JUN 2014	DR. M. AYUBUR RAHMAN MBBS, PGT (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	YELLOW FEVER VACCINE L. NO 1213 DAKAR	1 2 CENTER FOR VACCINATION BANGLADESH
2 08 JUL 2024	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.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 36, Shah Makhdum Avenue Uttara, Dhaka 3 BANGLADESH 4
3			
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.