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:
HSL-003089

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME	MIDDLE NAME
CHOWDHURY	MD HASIBUL	HASAN
PLACE AND DATE OF BIRTH: CHATTOGRAM 27-Mar-1999	PASSPORT NUMBER: B00069982	SEAMAN'S BOOK NUMBER: CO11042
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE : CHEM. TANKER / TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : F/F-6, SHERSHAH COLONY, BAYEZID BOSTAMI BAYJID BOSTAMI, CHATTOGRAM	CONTACT NUMBER : 01947-204620 (SELF)	
	RANK : JR 3RD ASSISTANT 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	☐	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 any employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 76 Height (cm) 177 BMI 24.2 Blood Pressure: Systolic 100 Diastolic 70 PULSE: 78b/min.

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

Audiometry			
500	1000	2000	3000
		N/A	

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			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual fields	Normal	Defective
Right eye	✓	
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) 30 JUL 2024

	Normal	Abnormal
Head	☑	☐
Sinuses, nose, throat	☑	☐
Mouth/teeth	☑	☐
Ears (general)	☑	☐
Tympanic membrane	☑	☐
Eyes	☑	☐
Opthalmoscopy	☑	☐
Pupils	☑	☐
Eye movement	☑	☐
Lungs and chest	☑	☐
Breast examination	N/A	☐
Heart	☐	☐

	Normal	Abnormal
Varicose veins	☑	☐
Vascular (inc. pedal pulses)	☑	☐
Abdomen and viscera	☑	☐
Hernia	☑	☐
Anus (not rectal exam)	☑	☐
G-U system	☑	☐
Upper and lower extremities	☑	☐
Spine (C/S, T/S and L/S)	☑	☐
Neurologic (full brief)	☑	☐
Psychiatric	☑	☐
General appearance	☑	☐
Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☑ Negative
ECG	NAD	BILIRUBIN	0.58	Alcohol Test	☐ Positive ☑ Negative
BLOOD R/E		SGPT	23	URINE R/E	NAD
DC(differential count)	NAD	SGOT	20	OTHERS	
HAEMOGLOBIN (HGB)	15.0	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive ☑ Nonreactive
WBC	6200	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive ☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	A(+ve)
RANDOM	5.9	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 — MD HASIBUL HASAN CHOWDHURY (Name of Seafarer) — 30 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: 30 JUL 2024 Expiry Date: 29 JUL 2026

DR. MIR. MD. RAIHAN
MBBS (DU) DFM, CCD (Birdem), PGT (Child)
BMDC A-55144, MMO-DGD-816
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 73) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **CHOWDHURY**	GIVEN NAME (S): **MD HASIBUL HASAN**
DATE OF BIRTH: DAY **27** MONTH **3** YEAR **1999**	PLACE OF BIRTH CITY **CHATTOGRAM** COUNTRY **BANGLADESH** / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **HOUSE-311, ROAD-14, CDA R/A, AGRABAD DOUBLE MOORING, BANDAR, CHATTOGRAM. 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) 30 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
	MD HASIBUL HASAN CHOWDHURY	30-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: 30 JUL 2024

EXPIRY DATE OF CERTIFICATE: 29 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), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician

HAQUE & SONS LTD.

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

Name	MD HASIBUL HASAN CHOWDHURY	Date	30-Jul-2024
Age	25	Sex	MALE
Passport No	B00069982	CDC No	CO11042
Sample	BLOOD	Rank	JR 3RD ASSISTANT ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA LYNX	GINGA CHEETAH	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	30-01-2023	30-07-2024	-
Serum Bilirubin	0.63	0.58	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	26	20	Up to 37 U/L
Serum S.G.P.T.	38	23	Up to 42 U/L

DOCTOR'S REMARKS:	No Restrictions

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

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

RADICAL HOSPITAL LIMITED

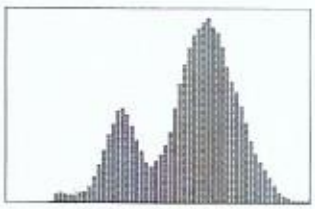
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	**: 24070792**	**Date**	**: 30/07/2024**
Patient's Name	**: MD.HASIBUL HASAN CHOWDHURY**	**Age**	**: 25Y 4M 3D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/11042**	**Sex**	**: Male**
Specimen	**: Blood**		

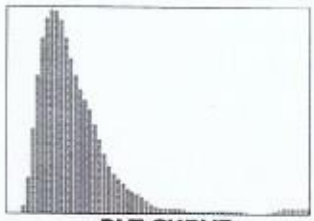
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

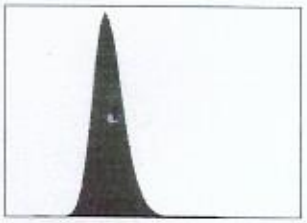
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.0**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**6,200**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	25	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**248**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**289,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	12.3	fL	7.0 -11.0 fL	
PDW-CV	16.7	%	10 - 18 %	
PCT	0.36	%	0.10 - 0.28	
P-LCR	41.6	%	9.00 - 45.00%	
P-LCC	120	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.25**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	48.4	%	M: 40-54%, F: 37-47%	
MCV	92.3	fL	76-94 fL	
MCH	28.7	pg	27-32 pg	
MCHC	31.1	g/dL	29-34 g/dL	
RDW SD	52	fL	30.0-57.0 fL	
RDW CV	17.1	%	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	DIA24070792	Received Date	30/07/2024
Patient's Name	MD HASIBUL HASAN CHOWDHURY		
Patient's Age	25Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11042
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	23.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0U/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	DIA24070792	Received Date	30/07/2024
Patient's Name	MD HASIBUL HASAN CHOWDHURY		
Patient's Age	25Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11042
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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070792	Received Date	30/07/2024
Patient's Name	MD HASIBUL HASAN CHOWDHURY		
Patient's Age	25Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11042
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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070792	Received Date	30/07/2024
Patient's Name	MD HASIBUL HASAN CHOWDHURY		
Patient's Age	25Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11042
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.

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

REF:	MT. GINGA CHEETAH	DATE: 30/07/2024

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

EYE EXAMINATION REPORT

NAME:	MD HASIBUL HASAN CHOWDHURY	RANK: JR 3A/ENG	CDC NO: C/O/11042

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	2407091	Voucher No	
Test Name	USG OF KUB	Delivery Date	30/07/2024
Patient Name	MONIRUZZAMAN MONIR		
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 10.1 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 10.4 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 14.7 cc & regular in shape. Echogenicity is homogenous.

COMMENT :- Suggestive of –Normal study.

30.07.24

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

ID:

Md. Hanibal Hasan Chowdhury

Male 25 Years

mmHg

30-07-2024 13:41:54

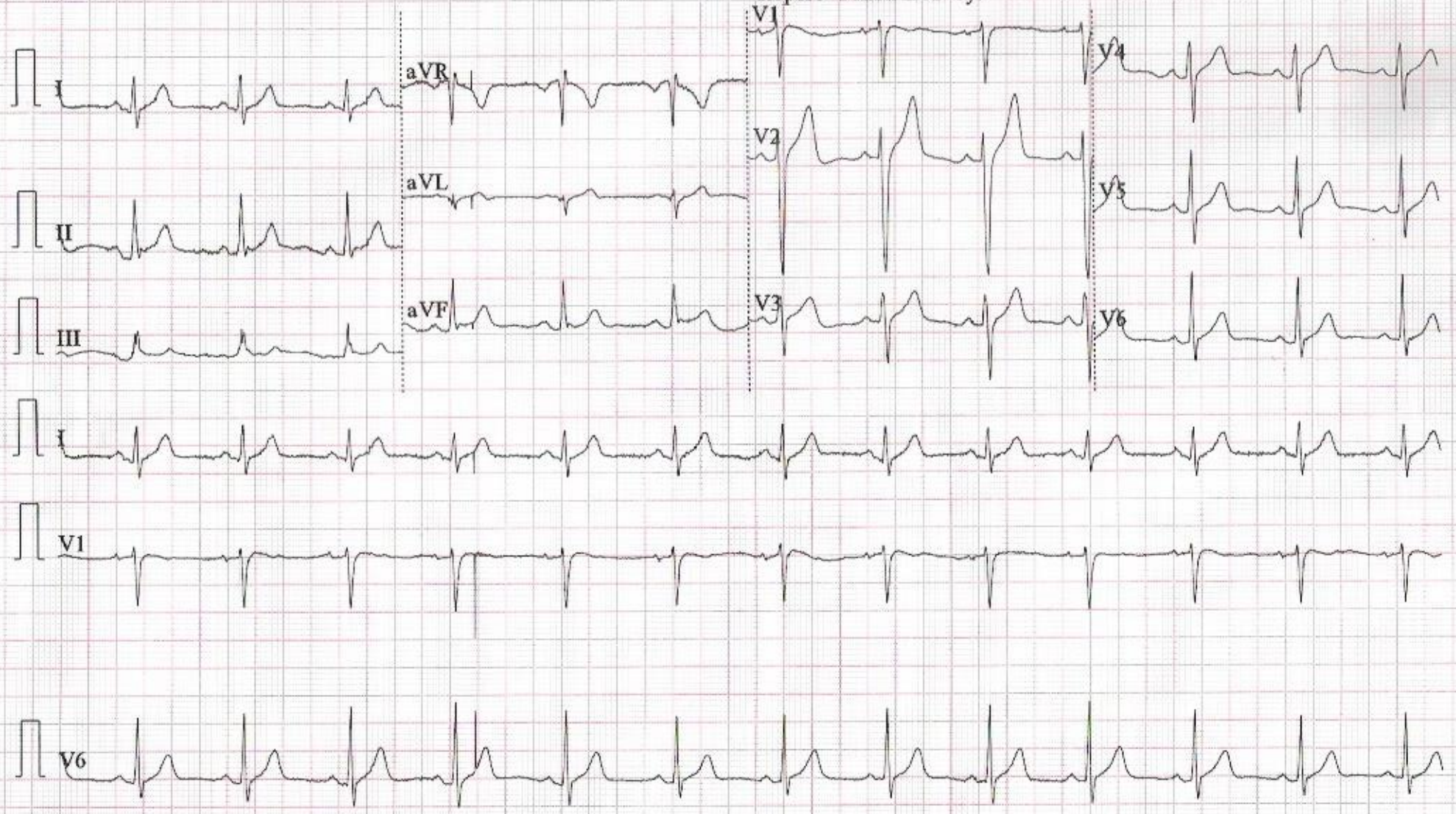
HR	: 78	bpm
P	: 98	ms
PR	: 142	ms
QRS	: 88	ms
QT/QTc	: 342/390	ms
P/QRS/T	: 50/68/48	°
RV5/SV1	: 1.133/0.903	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥78 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.	:	24070792	Receive:30/07/2024	Print: 30/07/2024
Patient's Name	:	MD HASIBUL HASAN CHOWDHURY		
Age	:	25 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD HASIBUL HASAN CHOWDHURY

This is to certify that whose signature follows } Date of birth 27-03-1999 Sex M

HC has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	06 NOV 2021 Dr. Md. Rafiqul Islam M.B.B.S, A.M.C (Part 1) Seafarer's Medical Practitioner Approved By D.G.Shipping Dhaka Regd No : A 22539	APPROVED VACCINATION CENTRE ★ CHITTAGONG, BANGLADESH ★	
2	14 SEP 2022 Dr. Md. Rafiqul Islam M.B.B.S, A.M.C (Part 1) Seafarer's Medical Practitioner Approved By D.G.Shipping Dhaka Regd No : A 22539	APPROVED VACCINATION CENTRE ★ CHITTAGONG, BANGLADESH ★	
3		3	4
4	30 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	
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that MD HASIBUL HASAN CHOWDHURY whose signature follows } Date of birth 27-3-1979 Sex Male

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 06 NOV 2021	Dr. Md. Rafiqul Islam M.B.B.S. A.M.C. Seafarer Medical Examiner Approved by D.G. Shipping, Dhaka. Regd No : A 22539	Stamil 0810 2018	1 2 APPROVED VACCINATION CENTRE
2 04 FEB 2022			
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.