HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No: A 55144

PATIENT CONTROL NUMBER
H671

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

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME	MIDDLE NAME
IMTIAZ	MD	MEHDI AL
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
NAOGAON 10-Oct-1993	B00476462	CO7791

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

PERMANENT HOME ADDRESS :
VILL. RANGAMATIA, PO. NAPITPARA, PS. MANDA, DIST. NAOGAON, BANGLADESH

CONTACT NUMBER : 01735374350 (SELF)/0171

RANK : 2ND ASST 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 my employment, benefits and claims.

Imtiaz.
Signature of Seafarer

MEDICAL EXAMINATION

Weight 70kg Height (cm) 170 BP 142 Blood Pressure: Systolic 140 mm Diastolic 80 mm PULSE: 78/m

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) 01 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	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☑ Negative
ECG	NAD	BILIRUBIN	0.45	Alcohol Test	☐ Positive ☑ Negative
BLOOD R/E		SGPT	31	URINE R/E	NAD
DC(differential count)	NAD	SGOT	25	OTHERS	
HAEMOGLOBIN (HGB)	13.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☑ Nonreactive
ESR (WESTERGREN)	06	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive ☑ Nonreactive
WBC	5000	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive ☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	B+ve
RANDOM	5.0	Barbiturates	☐ Positive ☑ Negative	Psychological Exam	NAD
HBA1C	4.9%	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	Name of Seafarer	Date
Imtiaz	MD MEHDI AL IMTIAZ	01 JUL 2024

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: 01 JUL 2024 Valid Until: 30 JUN 2026

Name and Signature of Authorized Physician

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **IMTIAZ**	GIVEN NAME (S): **MD MEHDI AL**
DATE OF BIRTH: DAY **10** MONTH **10** YEAR **1993**	PLACE OF BIRTH CITY **NAOGAON** COUNTRY **BANGLADESH**
SEX: MALE [✓] FEMALE [ ]	
POSITION ON BOARD: MASTER [ ] DECK OFFICER [ ] ENGINEERING OFFICER [✓] RADIO OPERATOR [ ] RATING [ ]	MAILING ADDRESS OF APPLICANT: **HOUSE NO. 5/3, KARIM MANSION, NABIK COLONY - 2 ROAD, P.O. SAILORS COLONY, P.S. EPZ, DIST. CHITTAGONG. BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	BOOK [ ] LANTERN [✓]	RIGHT EAR
LEFT EYE	6/6	—	YELLOW RED GREEN BLUE	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 APPLICABLE [ ]

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) 01 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 MEHDI AL IMTIAZ	1-Jul-2024

CIRCLE APPROPIATE CHOICE: (ME / 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: 01 JUL 2024

EXPIRY DATE OF CERTIFICATE: 30 JUN 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
Radical Hospitals Limited

HAQUE & SONS LTD.

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

Name	MD MEHDI AL IMTIAZ	Date	1-Jul-2024
Age	30	Sex	MALE
Passport No	B00476462	CDC No	CO7791
Sample	BLOOD	Rank	2ND ASST ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	MENUETT	GINGA CHEETAH	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	03-10-2023	01-07-2024	-
Serum Bilirubin	0.7	0.45	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	29	25	Up to 37 U/L
Serum S.G.P.T.	32	31	Up to 42 U/L

DOCTOR'S REMARKS:	No Restrictions

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

Doctor Seal & Signature

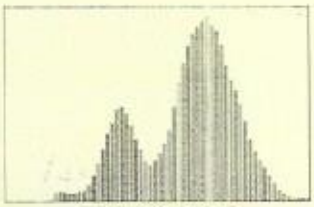
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24070018**	**Date**	**: 01/07/2024**
Patient's Name	**: MD MEHDI AL IMTIAZ**	**Age**	**: 30Y6M8D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7791**	**Sex**	**: Male**
Specimen	**: Blood**		

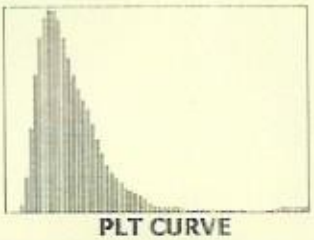
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

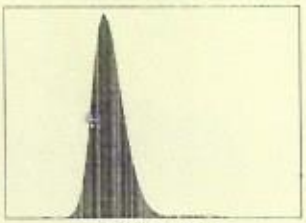
Parameter	Results		Reference Values
Haemoglobin(Hb)	**13.7**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**06**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**5,000**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	55	%	(40 - 75)%
Lymphocytes	35	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**200**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**171,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	13.7	fL	7.0 -11.0 fL
PDW-CV	16.2	%	10 - 18 %
PCT	0.14	%	0.10 - 0.28
P-LCR	56.9	%	9.00 - 45.00%
P-LCC	58	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**6.15**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	44.5	%	M: 40-54%, F: 37-47%
MCV	72.2	fL	76-94 fL
MCH	22.2	pg	27-32 pg
MCHC	30.7	g/dL	29-34 g/dL
RDW SD	42	fL	30.0-57.0 fL
RDW CV	17	%	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	DIA24070018	Received Date	01/07/2024
Patient's Name	MD MEHDI AL IMTIAZ		
Patient's Age	30Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7791
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.45 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	31.0 U/L	Up to 40 U/L
HbA1C	4.9 %	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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070018	Received Date	01/07/2024
Patient's Name	MD MEHDI AL IMTIAZ		
Patient's Age	30Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7791
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	"B" (+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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070018	Received Date	01/07/2024
Patient's Name	MD MEHDI AL IMTIAZ		
Patient's Age	30Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7791
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	Sufficient
Color	Straw
Appearance	Clear
Sediment	Nil

MICROSCOPIC EXAMINATION

CELLS / HPF	
R B C	NIL
Pus Cells	1-2/HPF
Epithelial	0-1/HPF

CHEMICAL EXAMINATION

Reaction	Acidic
Albumin	Nil
Sugar	NIL
Ex.Phosphate	Nil

CASTS / LPF

R B C	Nil
W B C	Nil
Epithelial	Nil
Granular	Nil
Hyaline	Nil

ON REQUEST

Bile Salt	Not Done
Bile Pigment	Not Done
Ketones	Not Done
Urobilinogen	Not Done
B.J. Protein	Not Done

CRYSTALS & OTHERS

Urates	Nil
Uric Acid	Nil
Cal. Oxalate	Nil
Amor. Phos	Nil
Tripple Phos	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

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Bill No	DIA24070018	Received Date	01/07/2024
Patient's Name	MD MEHDI AL IMTIAZ		
Patient's Age	30Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7791
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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient ID	24070018	Voucher No	
Test Name	USG OF KUB	Delivery Date	01/07/2024
Patient Name	MD. MEHDI AL IMTIAZ		
Age	31 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 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 10.9 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 13.9 cc & regular in shape. Echogenicity is homogenous.

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

1.7.24

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	GINGA CHEETAH	DATE: 01/07/2024

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

EYE EXAMINATION REPORT

NAME:	MD MEHDI AL IMTIAZ	RANK: 2A/ENG	CDC NO: C/O/7791

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: Md. Mehdi RC

Male 21 Years

/ mmHg

01-07-2024 17:21:49

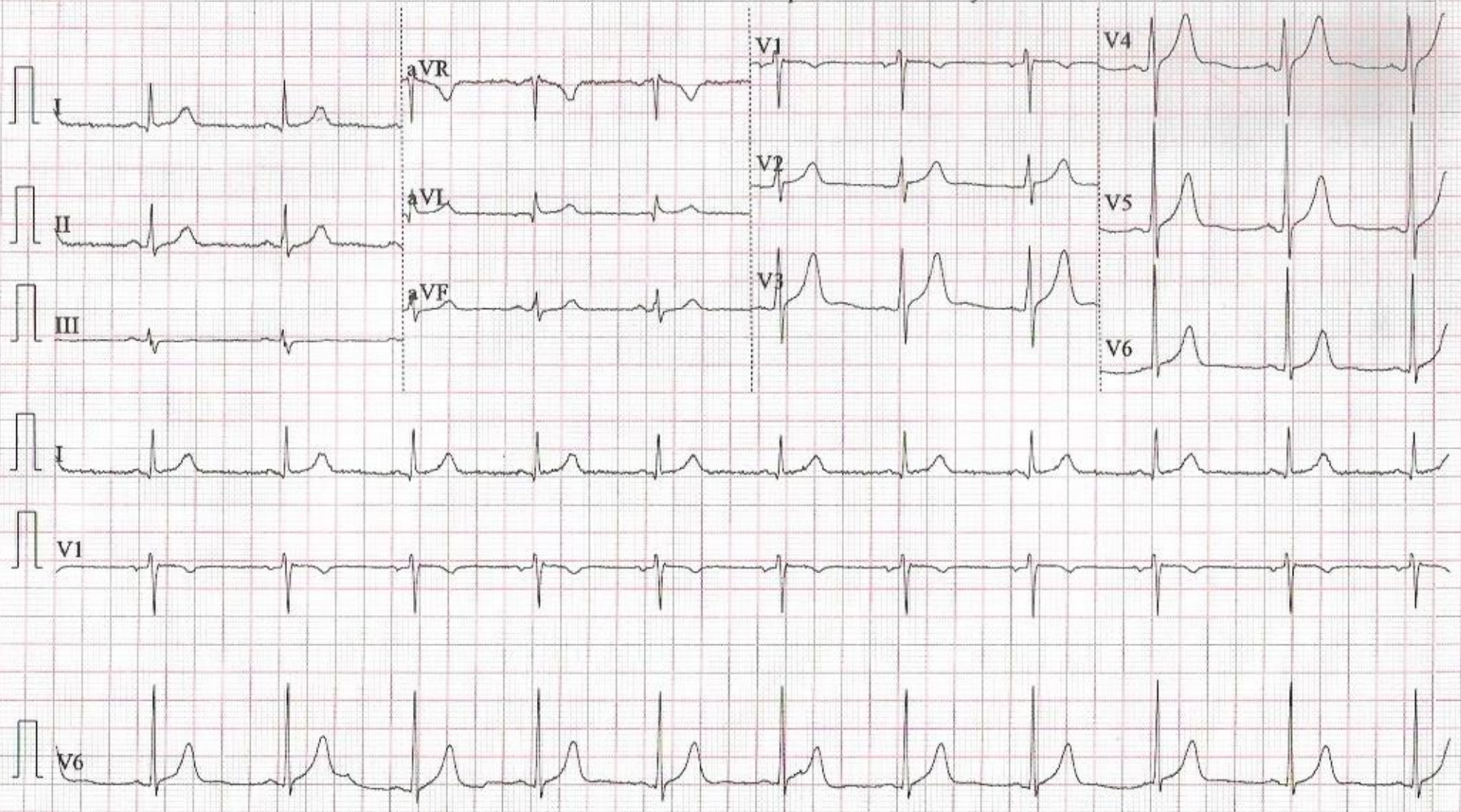
HR	: 66	bpm	
P	: 110	ms	
PR	: 140	ms	
QRS	: 92	ms	
QT/QTc	: 396/415	ms	
P/QRS/T	: 62/26/33	°	
RV5/SV1	: 1.924/0.807	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥66 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070018	Receive:01/07/2024	Print: 01/07/2024
Patient's Name	:	MD MEHDI AL IMTIAZ		
Age	:	31 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 12 MAR 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.	9 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10 01 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 [illegible] beginning six days after the first injection or the vaccination 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 } Syed Al Mehidi Al Jutriaz. Date of birth 10-10-1993 Sex Male.
whose signature follows }

Initial

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	DR. M. AYUBUR RAHMAN MBBS, PGT(Medicine Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	13/3	1 2
15 MAY 2014			
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	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Bitara, Dhaka BANGLADESH
01 JUL 2026			
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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.