

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: ALAM NUR A Sex: MALE Serial No: _____
 Date of Birth: 08/09/1986 PP/CDC: C/015231 Rank: 31E
 Vessel: MT. NAKHAL SILVER Type: CHEM/TANKER Route: WORLDWIDE
 Home Address: 13/C, 31/5, MIRPUR, DHAKA, BANGLADESH

Company Name: _____

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Tar / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorders		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes:									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition			
167 CM	63 kgs	43-41	130/80 mmHg	78 b/min	19 b/min	Good			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20	20
Left Eye	6/6		Normal	Left Ear	dB	20	20	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	9			
	Other	Normal	Abnormal		Left ear	9			

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS 3RD ENGR AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	☒
Eyes	☒			Cardiovascular system	☒
Ears / Nose / Throat	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary system	☒
Musculo-Skeletal system	☒			Others	☒
Nervous system	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Varicose Veins	☒
Skin	☒			Fissure/Fistula/Piles	☒

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	13.8 gm%	14-16 gm %	Colour	SW
Total WBC count	7300 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 64 % Lymph 27 % Eos 04 % Mono 05 %			pH	
Malarial parasite	Not Found		Albumin	NI
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar	NI
SGPT	22 U/L	9-43 U / L	Bile pigment	
S.Cholesterol	158 mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	137 mg/dl	upto 200 mg / dl	Occult blood	
Blood Sugar	85 mg/dl	upto 125 mg %	RBC cells	NI
HbA1c	5.8 %		Leucocytes	
HIV T & H	Negative		Others	
VDRL	Negative			
Others	GGT U/L		Spirometry:	N/D
Blood Group	B+ve		Drugs of Abuse:	Negative

ECG: Normal TMT: N/D X-Ray Chest: Normal USG: _____

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, _____ 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: 26 JUL 2026

Candidate's Signature: _____

Official Stamp

Doctor's signature: _____

Date: 27 JUL 2024



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

04.2024.7063

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ALAM	GIVEN NAME(S) NUR A
DATE OF BIRTH 09 08 1986 MONTH DAY YEAR	PLACE OF BIRTH CHANDPUR CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 13/C, 3/25, MIRPUR, DHAKA-1216 BANGLADESH

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 167 CM	WEIGHT 63 kgs	BLOOD PRESSURE 130/80 mm	PULSE 78 1/min	RESPIRATION 19 1/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES			HEARING: RT. EAR MM LEFT EAR MM		
COLOR TEST TYPE: BOOK ☒ LANTERN ☒ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "No" explain on page 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐					
IS 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? Yes ☐ No ☒					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒					

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

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

ALAM NUR A

FIT FOR DUTY ON BOARD SHIP

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, DFM**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN

27 JUL 2024

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's 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:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - 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.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG-7-47-1, §3.3).



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

MI-105M

Certificate No: 04.2024.7063

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	NUR A		
Given Names	ALAM		
Date of birth (day/month/year)	08.09.1986	Sex: ☒ Male	☐ Female
Nationality	BANGLADESHI		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒		
Unaided hearing satisfactory?	☒		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty			
Deck service	Engine service	Catering service	Other services	
☒ Fit	☒	☐	☐	
☐ Unfit	☐	☐	☐	
☒ Without restrictions	☐ With restrictions			
Visual aid required	☐ Yes	☒ No		
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☐ negative	☐ not performed		
Parasitological stool test	☐ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

Describe any restrictions (e.g., specific position, type of ship, trade area):

Place of examination: RADICAL HOSPITAL LIMITED Date (day/month/year) 27 JUL 2024

Medical certificate's date of expiration (day/month/year) 26 JUL 2026

Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature:

(To be signed in the presence of the medical examiner)



04.2024.7063

Certificate No:

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	ALAM	
Given Names	NUR A	
Rank and department	3/E, ENGINE	
Date of birth (day/month/year)	08.09.1986	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	13/c, 3/25 MIRPUR, DHAKA	
Residence & Mobile No:	01815 437383	
Passport No./Discharge Book No.	C/01 5231	
Type of ship (container, tanker, passenger, fishing)	TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLD WIDE	

A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☒
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 or joint 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?	☐	☒
If yes, please list the medications taken and the purpose(s) and dosage(s)		

I NUR-A-ALAM holding Passport/Seaman Book No 4015231 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: 

Date (day/month/year) 27 JUL 2024

Witnessed by: (Signature) 

Name: (typed or printed) **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

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:

Use of glasses or contact lenses: Yes ☐ / No ☒ (if yes, specify which type and for what purpose)

Visual acuity					
Unaided			Aided		
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6 6/6	✓			
Near	15 15	✓			

Visual fields	
Normal	Defective
Right eye	✓
Left eye	✓

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☐ Others

Colour vision: ☐ Not tested

☒ Normal

☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

Speech and whisper test (metres)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	167	Weight in kg	63
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure		Diastolic	80 mm Hg
Systolic	120 mm Hg		

Urinalysis

Glucose:	Protein:		Blood:		
	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	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year):

27 JUL 2024

Results:

Normal chest X-ray

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	g/dl
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitical stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	<i>Normal</i>
HIV * ² (+ve or -ve)	<i>Negative</i>
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP

*¹ compulsory*² not compulsory*³ required by the Company for all crew from endemic areas*⁴ required by the Company for all food handlers*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions☐ With restrictions

Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: UTTARA, DHAKA, Date (day/month/year)

27 JUL 2024

Medical certificate's date of expiration (day/month/year)

2/6 JUL 2026

Date medical certificate issued (day/month/year):

Official stamp (also print name of medical examiner, if not legible)

Signature of medical examiner:

Medical practitioner information (name, license number, address):

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



CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME ALAM		FIRST NAME NUR A		POSITION ON BOARD 3IE	
DATE OF BIRTH 08.09.1986		PLACE OF BIRTH CHANDPUR		SEX MALE	ID DOCUMENT NO
(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)					
TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☒	☐	LYMPHOCYTE COUNT	☒	☐
RED BLOOD CELL COUNT (RBC)	☒	☐	MONOCYTE COUNT	☒	☐
PLATELET COUNT (PLT)	☒	☐	EOSINOPHIL COUNT	☒	☐
HAEMOGLOBIN (HGB)	☒	☐	BASOPHIL COUNT	☒	☐
HAEMATOCRIT (HCT)	☒	☐	GRANULOCYTE COUNT	☒	☐
MEAN CORPUSCULAR VOLUME (MCV)	☒	☐	THROMBOCYTE COUNT	☒	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☒	☐	BIOCHEMISTRY	YES	NO
MEAN CORPUSCULAR HB. CONC (MCHC)	☒	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☒	☐
MEAN PLATELET VOLUME (MPV)	☒	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☒	☐
RED BLOOD CELL DISTRIBUTION WIDTH (RDW)	☒	☐	TOTAL BILIRUBIN	☒	☐
NEUTROPHIL COUNT	☒	☐		☐	☐
IF ANY OF THE ABOVE CHEMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW. COMMENTS (for abnormal result):					
Doctors Comments:					
<i>No Abnormalities Found.</i>					
		DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bitem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited		27 JUL 2024	
MEDICAL EXAMINER (SIGNATURE & PRINTED NAME)		DATE OF EXAMINATION			

ID NO : 24070684

Date : 27/07/2024

Patient's Name : NUR A ALAM

Age : 38Y 00M 00D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5231

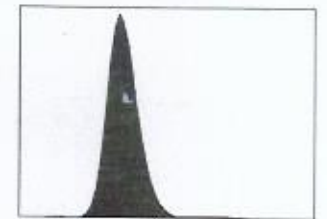
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.6	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	7,300	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	64	%	(40 - 75)%
Lymphocytes	27	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	292	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	280,000	/cumm	1,50,000-4,50,000 /cumm
MPV	10.3	fL	7.0 -11.0 fL
PDW-CV	16.4	%	10 - 18 %
PCT	0.29	%	0.10 - 0.28
P-LCR	28.6	%	9.00 - 45.00%
P-LCC	80	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.17	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	48.4	%	M: 40-54%, F: 37-47%
MCV	93.8	fL	76-94 fL
MCH	30.3	pg	27-32 pg
MCHC	32.3	g/dL	29-34 g/dL
RDW SD	48	fL	30.0-57.0 fL
RDW CV	15.4	%	10-16%



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.

Bill No	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5231
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.2 %	<6.5 %
Serum Creatinine	0.83 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	20 mg/dl	7- 23 mg/dl
Total Protein	7.1 g/dl	6.3-7.9 g/dl

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

Bill No	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.44 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22 U/L	Up to 40 U/L
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum Alkaline Phosphate	200 U/L	98 - 279 U/L
<u>Lipid profile</u>		
Serum Cholesterol	158 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	137 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	88 mg/dl	<130 mg/dl

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	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5231
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBs Ag (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive

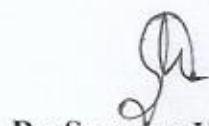
BLOOD GROUPING RESULT

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By



Medical Technologist,
Radical Hospital Ltd.



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

Bill No	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5231
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	0-2/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	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5231
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	DIA24070684	Received Date	27/07/2024
Patient's Name	NUR A ALAM		
Patient's Age	38Y 00M 00D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5231
Sample	STOOL		

STOOL ANALYSIS

Physical Examination:

Color : Brown
 Consistency : Soft
 Worm : Nil
 Mucus : Nil
 Blood : Nil

Chemical Examination:

Reaction : Acid
 Occult Blood Test (OBT) : Not done
 Reducing Substance (RS) : Not done

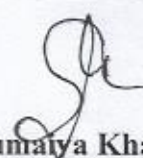
Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: Nil
Epithelial Cell	: Nil	Vegetable Cell	: Nil
Pus Cell	: 0-1	Starch	: Nil
RBC	: Nil	Muscle fibre	: 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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070684 Receive: Print:27/07/2024
Patient's Name : NUR A ALAM
Age : 38 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 65 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

Page 1 of 1

Patient's Name	:	NUR A ALAM		
Age	:	38 Yrs	Date	: 27/07/2024
Sex	:	Male	CDC NO:	C/O/5231
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / Good / very good / excellent
Verbal Reasoning test	Poor / Good / very good / excellent
Inductive reasoning test	Poor / Good / very good / excellent
Diagrammatic Reasoning test	Poor / Good / very good / excellent
Logical Reasoning test.	Poor / Good / very good / excellent
Error checking test	Poor / Good / very good / excellent
2.Skill Test	Poor / Good / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / Good / very good / excellent
Assumptions	Poor / Good / very good / excellent
Deductions	Poor / Good / very good / excellent
Interpreting Information's	Poor / Good / very good / excellent
Inferences	Poor / Good / very good / excellent
5.Situational Judgment Test.	Poor / Good / very good / excellent
Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10	

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

ID:

10/11/2024

29-05-2024 14:10:40

Male 38 Years
mmHg

HR : 65 bpm

P : 118 ms

PR : 138 ms

QRS : 94 ms

QT/QTc : 390/406 ms

P/QRS/T : 53/-139 °

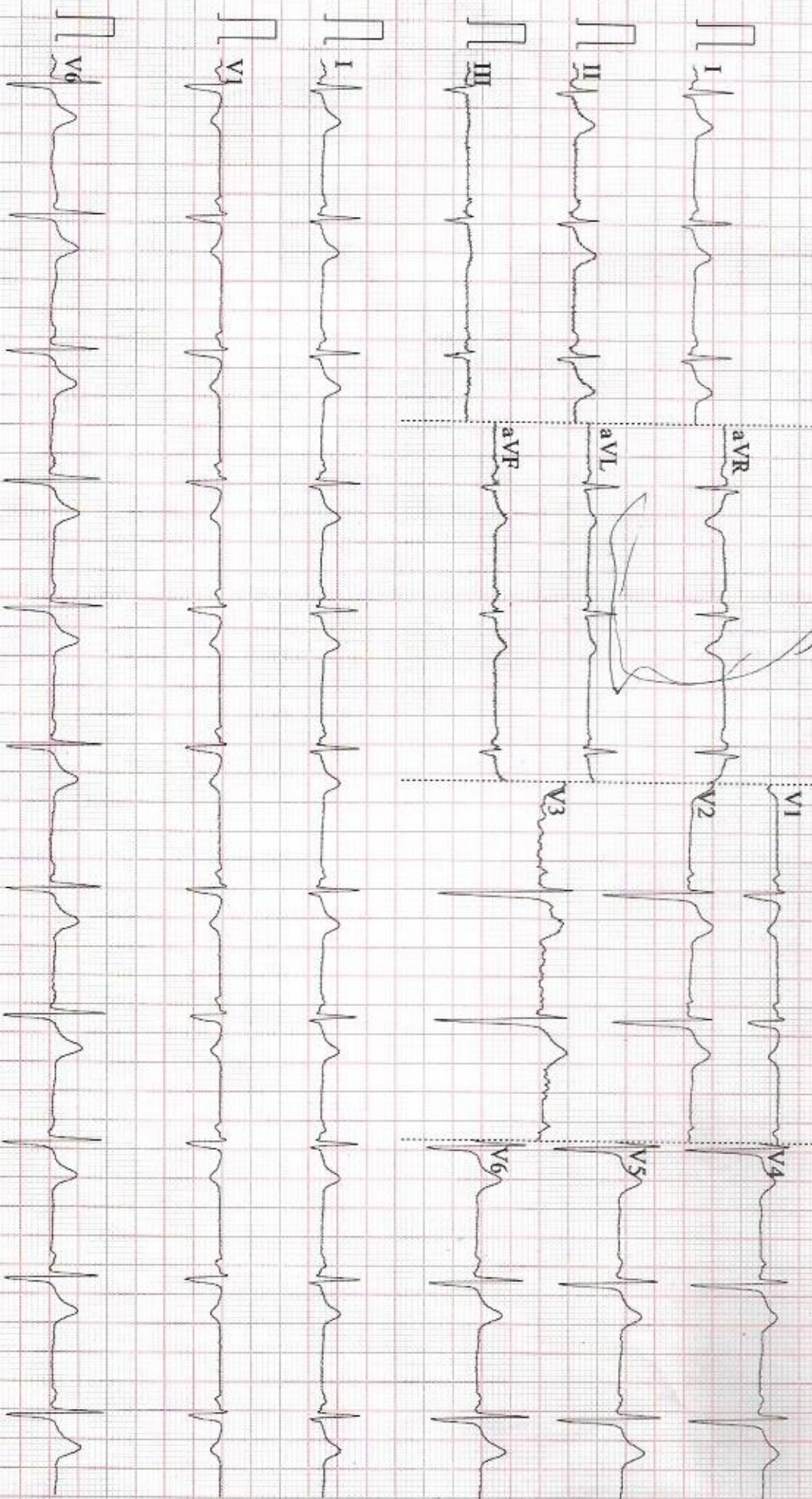
RV5/SV1 : 0.717/0.583 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070684 Receive: 27/07/2024 Print: 27/07/2024
Patient's Name : NUR A ALAM
Age : 38 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

AUDIOLOGICAL REPORT

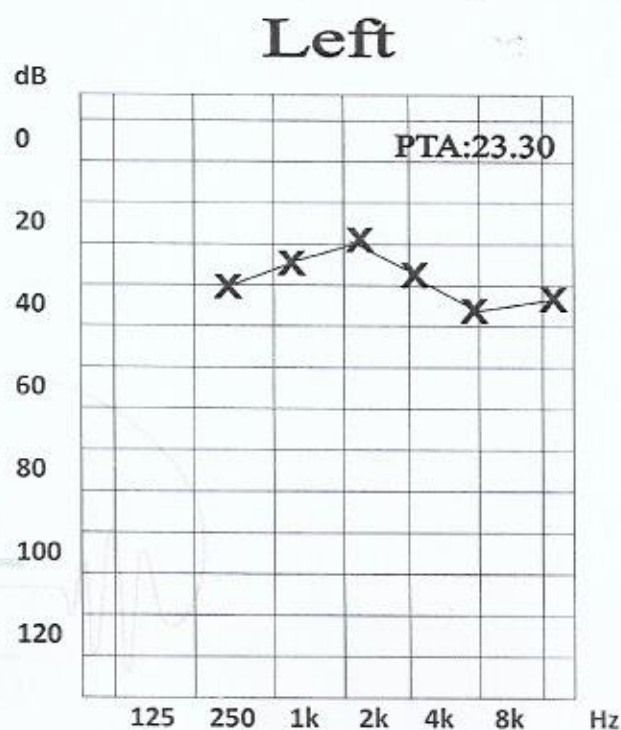
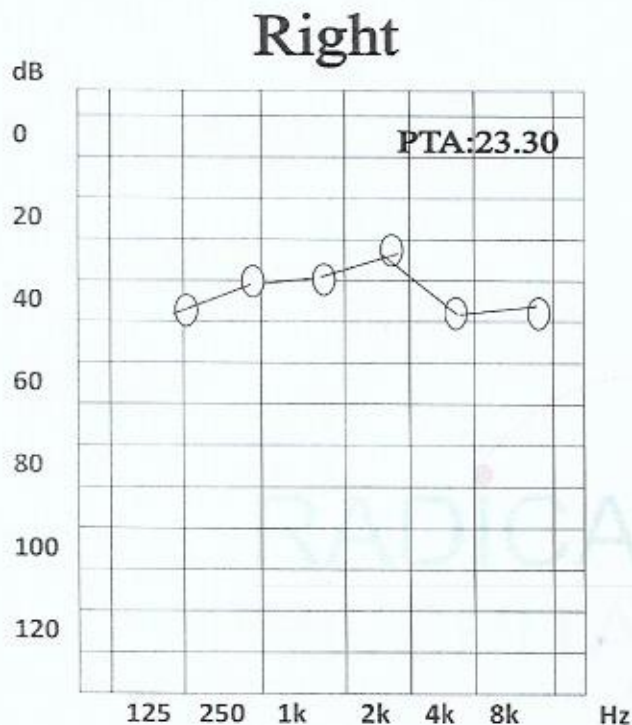
Patient Name : NUR A ALAM

Date: 27/07/2024

Age : 38 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



Patient's Name	: NUR A ALAM	ID NO	: 24070684
Age	: 38 Yrs	Date	: 27/07/2024
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (oph)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Date: 27/07/2024

EYE EXAMINATION REPORT

NAME:	NUR A ALAM		
AGE:	38 YRS	RANK: 3 RD ENG	CDC NO: C/O/5231

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

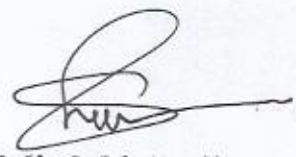
AIDED

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's Name	:	NUR A ALAM	ID NO	:	24070684
Age	:	38 Yrs	Date	:	27/07/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM			

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT(opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Patient ID	24070684	Test Date	27/07/2024		
Patient Name	NUR A ALAM	Age	38 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

$$\begin{aligned}
 \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\
 &= \frac{63 \text{ kg}}{(1.67)^2} \\
 &= 22.5
 \end{aligned}$$

BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.



Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

This is to certify that
JE Soussigne' (e) certifie que

NUR A ALAM

date of birth
no' (e) le

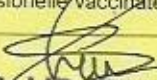
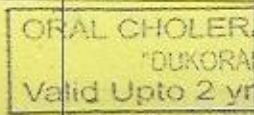
08.09.1986

Sex
sexp

MALE

Whose signature follows
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	Approved Stamp
1 JUL 2024	Signature et qualite professionnelle vaccinateur	Ce chet d'authentification
1	 DR. MIRZA MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
2		
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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 performed.

Any amendment of this certificate or erasure or failure to complete any pan of it, May render in invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d' intervaile et sa validite cofmlence lejour de la seconde injection:

De cachet d'authentification doit être conforme au modèle présent per l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rajout sur le certificate ou l'o. mission d'une quelconque des mantions qu'il comporte ne peut effectuer sa validite.

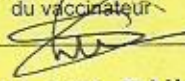
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

NUR A ALAM

This is to certify that JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 08.09.1986 Sex / sexe MALE

Whose signature follows
don't la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numé- ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCB (Birm), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health 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 such period often years, from the date of the revaccination.

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

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

Ce certificat n'est valable que si le vaccina employé a été approuvé par l'organisation Mondiale de la santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une réinoculation, ou, à dix ans, le jour de cette réinoculation.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme lieu de signature.

Toute érection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.