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: TANVIR (Surname) MD (First Name) MOTTAKIN (Middle Initial) Sex: M Serial No:

Date of Birth: 18/02/2001 PP/CDC: C10/12268 Rank: Deck Cadet

Vessel: X-PRESS KARAKORAM Type: Container Route: Worldwide

Home Address: VILL: KALLARDIAR, P/O: BHABANIPUR HARRASA-6341 P/S: SHIBGANJ DIST: CHAPAINAWABGANJ

Company Name: X-PRESS FEEDERS SINGAPORE

Medical History

Please answer the following to the best of your knowledge.

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

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

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
166cm	58kg.	43-49 cms	120/80 mmHg	78 b/m	19 b/min	Good

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

Field of Vision: Normal / Abnormal

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

Colour Vision: Ishihara — Normal / Abnormal; Other — Normal / Abnormal

Hearing: Right Ear — Left ear

Systemic Examination

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

Notes

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

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

Investigations

Blood	Result	Normal
Hemoglobin	13.2 gm%	14-16 gm %
Total WBC count	5700 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 27 % Eos 02 % Ba 00 % Mo 02 %		
Malarial parasite	NOT Found	
ESR	07 mm / 1st hour	1- - 15 mm / hr
SGPT	N/A U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.2 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		
Blood Group		GGTP U/L

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

Spirometry: N/D

Drugs of Abuse: Negative

USG:

ECG : Normal **TMT:** N/D

X-Ray Chest: Normal

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

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, Doctor's Name: DR.MIR MD. RAIHAN 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: 17 MAR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 18/03/24

18 MAR 2024

Radical Hospital Ltd As Per MLC 2006 DG Shipping Bangladesh Approved

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

04.2024.6166

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) TANVIR , MD, MOTTAKIN		Gender: Male/Female*
Date of Birth: (*Day/month/year*) 18/02/2001	Nationality: BANGLADESHI	Place of Birth: CHAPAINAWA -BGANJ

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 18 MAR 2024		
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 18 MAR 2024		
10	Expiry of certificate: (*day/month/year*) 17 MAR 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

18 MAR 2024

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

Date	Signature of Authorised Medical Practitioner	Medical Practitioner's Official stamp (*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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

SEAFARER MEDICAL CERTIFICATE – March 2020

04.2024.6166

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) TANVIR, MD. MOTTAKIN		Gender: Male/Female*
Date of Birth: day/month/year 12/02/2001	Place of Birth: CHAPAINAWABGANJ	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A11699989	Dept: Deck / Engine / Catering / others Rank: DECK CADET	Type of ship: CONTAINER
Home Address: VILL: KAILARDIAR, P/O: BHABANIPUR MADRASA-6341 PS: SHIBGANJ DIST: CHAPAINAWABGANJ	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	21. Epilesy/seizures		✓
5. Varicose veins/piles		✓	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(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy		✓	34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

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.

18/03/24
Date

Signature of Seafarer

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR MD. RAIHAN.

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

18/03/24
Date

Signature of Seafarer

Name and Signature of Witness

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

Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☒ No

☐ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	N5	N5	Near		

Visual fields

	Normal	Defective
Right eye		
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	165 (cm)		Weight	58 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis:	Glucose : Nil	Protein: Nil		Blood: Nil	

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 18 MAR 2024

Results: Normal chest X-ray

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

Test ... Blood Urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

18 MAR 2024

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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Date	Signature of Medical Practitioner	Medical Practitioner's name, licence number, address

****

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

ID NO	**: 24030440**	**Date**	**: 18/03/2024**
Patient's Name	**: MD. MOTTAKIN TANVIR**	**Age**	**: 23Y 01M 0D**
Ref. By	**: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 12268**	**Sex**	**: Male**
Specimen	**: Blood**		

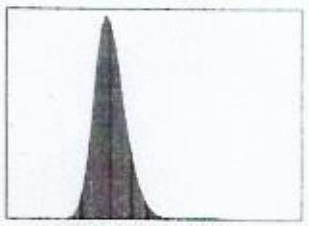
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**13.2**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**07**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**5,700**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	62	%	(40 - 75)%	
Lymphocytes	27	%	(20-45)%	
Monocytes	07	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**228**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**184,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	12.1	fL	7.0 -11.0 fL	
PDW-CV	17.3	%	10 - 18 %	
PCT	0.22	%	0.10 - 0.28	
P-LCR	40.2	%	9.00 - 45.00%	
P-LCC	74	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**4.96**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	43.7	%	M: 40-54%, F: 37-47%	
MCV	88.2	fL	76-94 fL	
MCH	26.7	pg	27-32 pg	
MCHC	30.3	g/dL	29-34 g/dL	
RDW SD	56	fL	30.0-57.0 fL	
RDW CV	18.6	%	10-16%	

WBC CURVE

PLT CURVE



RBC CURVE

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

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

Bill No	DIA24030440	Received Date	18/03/2024
Patient's Name	MD MOTTAKIN TANVIR		
Patient's Age	23Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 12268
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030440	Received Date	18/03/2024
Patient's Name	MD MOTTAKIN TANVIR		
Patient's Age	23Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 12268
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
VDRL	Non-reactive

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

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Bill No	DIA24030440	Received Date	18/03/2024
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 12268
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	2-3/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
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Bill No	DIA24030440	Received Date	18/03/2024
Patient's Name	MD MOTTAKIN TANVIR		
Patient's Age	23Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 12268
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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030440	Receive: Print: 18/03/2024		
Patient's Name	:	**MD MOTTAKIN TANVIR**			
Age	:	23 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	66 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

ID: 24020576 18-03-2024 11:50:06

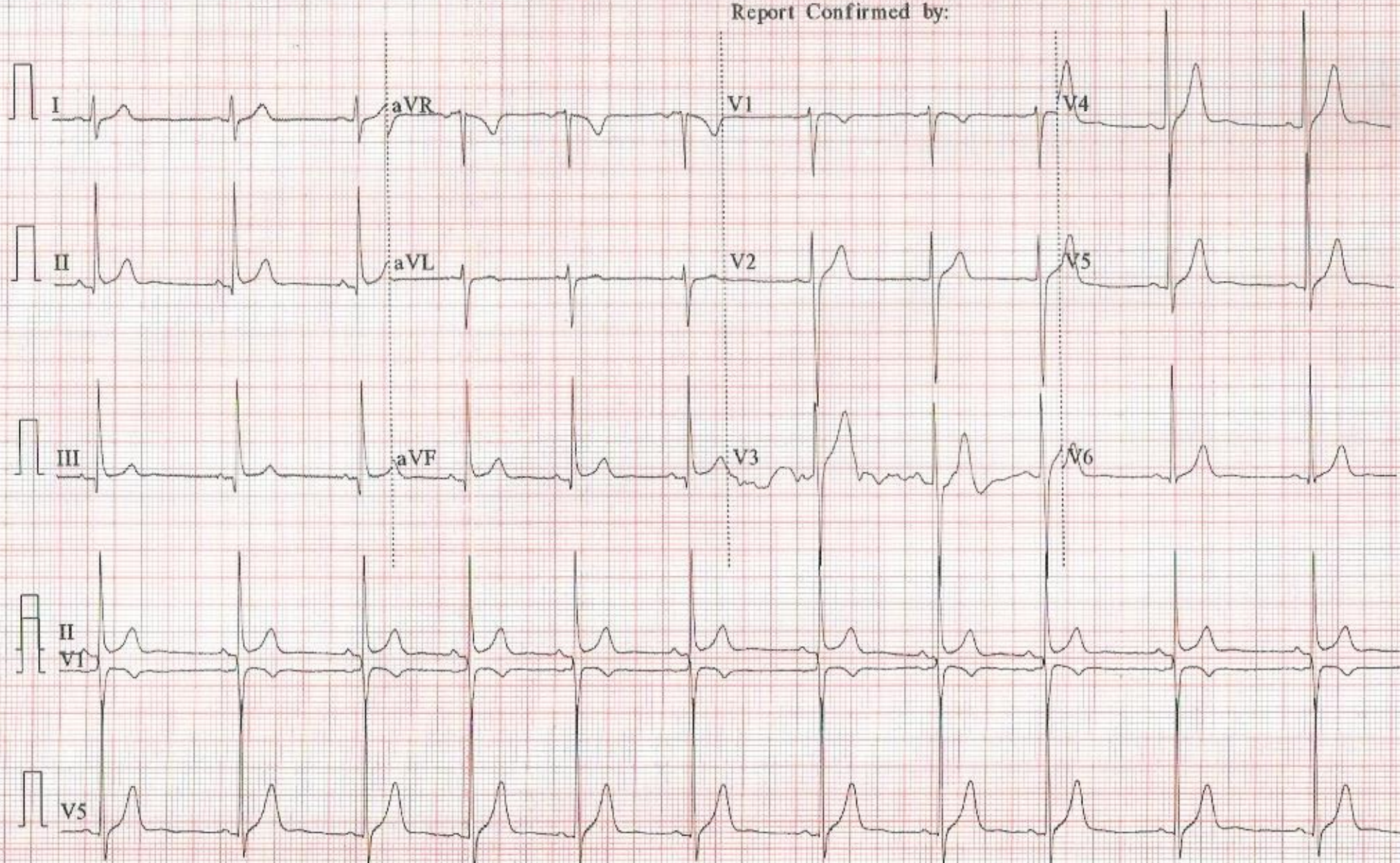
Md. Mottakin Tapadar

Male 23 Years

HR	: 66	bpm	
P	: 80	ms	
PR	: 124	ms	
QRS	: 92	ms	
QT/QTc	: 356/373	ms	
P/QRS/T	: 49/85/57	°	
RV5/SV1	: 2.411/1.022	mV	

Diagnosis Information:
Sinus arrhythmia
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

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030440	Receive:18/03/2024	Print: 18/03/2024
Patient's Name	:	**MD MOTTAKIN TANVIR**		
Age	:	23 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.

Information for physicians

1. The dates of vaccination on each certificate are to be recorded in the following sequence : day, month, year-the month in letters. Example : January 1. 1981 is written 1 January 1981.

2. If vaccination is contraindicated on medical grounds, the physican should provide the traveller with a written opinion which health authorities should take into account.

3. Vaccination certificate requirements of countries are published by WHO in Vaccination certificate requirments and health advice for international travel. The list of disignated yellow fever vaccinating centres is published by WHO in Yellow-fever vaccinating centres for international travel. This information is usually also available from local health offices.

4. Please be sure always to consider that your patient may have a travel-associated illness.

Renseignementa destine 'saux me' decins'

1. La date de la vaccination doite 'tre' portee sur lesce 'rtficats' dans I' ordre suivant : jour, mois, anne' e-le moisentant indique' en letters. Example : I er janvier 1981.

2. Si la vaccination est contre-indique' e pour raison me' dicals, le me decin doit fourmir au voyageur une attestation indiquant son opinion, dont I' autorite sanitaire aux frontieres pourra teniv compte.

3. Les sixigences des pays can matie' re' de vaccinationsont publiess par I' OM dans la brochure Certificate de vaccination exige" s et conseils habilite' s a' pratiquer la vaccination contre la fie' vre' jauneest public' e' par 1 OMS dans la brochure Centres de vaccination contre la fiever janne pour Les voyages internationaux En ge' ne' ral, les autorite's
sanitaires locales posse' dent ces renseignements.

4. Tenez toujours compte du fait que votre patient peut' tre atteint d' une maladie lie' e a' un voyage.

International Certificates of Vaccination

Certificates Internationaux of Vaccination

In accordance with the International Sanitory Regulations of the World Health Organisation

ISSUED TO / DELIVER A: MD MOTTAKIN TANVIR

PASSPORT NO / NUMERO DU PASSPORT: A11699989

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that / JE Soussigne (e) certifie que | MD MOTTAKIN TANVIR | Date of birth / no (e) le | 18.02.2001 | Sex / sexe | MALE

Whose signature follows / dont la signature suit | [signature]

has on the Date indicated been vaccainated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre Ie Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qialite profissionelle Vaccinateur	Approved Stamp Cechet d'authentification	
01 FEB 2024	Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	MARINE HEALTH CARE ★ As Per MLC-2006 ★ Authorised by DOS (BD)

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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 a revaccination within such period of six months, on the date of that revaccination.

Natwithstanding the above provision in the case of a pilgrim, this certificate, shall indicate that two injection 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 from prescribed by the health administration of the territory in which the vaccination is perfomed.

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

La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d' un pelerin le present certficate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au madele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate on 1 o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

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

This is to certify that / JE Soussigne' (e) certifie que } MD MOTTAKIN TANVIR } Date of birth / no (e) le } 18.02.2001 } Sex / sexe } MALE

Whose signature follows / dont la signature suit } [signature]

has on the Date indicated been vaccinated or revaccinated against yellow fever
a ete vaccine (e) ou revaccine (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufcturer and batch no of vaccine Fabricant duvaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
01 FEB 2024	Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	YELLOW FEVER VACCINATION L. 3461 DAKAR	MARINE HEALTH CARE ★ As Per MLC-2006 ★ Authorised by DOS (BD)
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This certificate is valid only if the vaccine used has been approved by the World Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

This validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile enetre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcqucl' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' re commc lcnant licu de signature.

Toute correction ou rature sur le certificate ou l' o mission d' une quelconque des mentions qu! il comporte peut affecter sa Validite