REPORT OF ME As per Merchant Shipp	DICAL EXAM	INATION C	OF SEAF	ARER BY	AN APPR	OVED MED	ICAL EXAM	/INFR
		MIR MD. RAIHA			9 and ILO conve	ention 147 (MLC 2	(006)	
		ADICAL			AITED	-		
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TEL: +88027920 Name: <b>DANN</b>	116, +88 01	19555670	000 FM	IAII · ra	dical boo	IANA-123	0.	
No.	MD	SALFU	L KAI	21 12	Sex: MALE	Spitals@ya	anoo.com	2000 =
	112 / 20	WOULDE.	Mictel	e Initial /12	A CA			
Vessel: X-PRE Home Address: Holdin	SS CARI	INA .	Type: (	ontai	ner Sh	D Route:	ENGINE C	ADET
	<u> </u>	lineach	an Gi	MATTAN	lara-6	LOO. BOA	ia, Raje	shahi
Company Name : X - Medical History	PRESS F	-EEDE	25,	SINGF	PORF			* * * * * * * * * * * * * * * * * * * *
Is there any past / presen	t histomy of any of	Please Candidate	Examiner	ne followin	g to the bes	t of your kno	wledge.	
the followi	ng	Declaration	Record				Candidate Declaration	Examiner Record
Severe one-sided headaches (Mign Head Injury / Concussion / Loss o	oine)	Yes No	Yes No		rocoele / Appendi	rible	Yes No	Yes No
Fits / Epilepsy / Dizziness / Faintle	V7	V	1	High / Low b	lood pressure / Ha	eart disease	1	1
Eye / Vision Problems (Glasses, et Hearing Impairment	c)	1		Allergy / Skin	onchitis / Tubercul disease	07077		
Ear / Nose / Throat problems Stomach / Bowel disorders		1	1	Addication to	ontagious Disease alcohol / drugs / t	nhacco	1 2	U
Gall stones / Kidney disorders		1	1	Fracture / Dis Major / Minor	slocation / Injury /	Amputation	-	1
Jaundice / Liver Disease Piles / Varicose veins		5		Diabetes			1 3	3
Blood Disorder Female Disorder		1	13	Mallignant dis	ental disease / Slee sease ( Cancer)			10
Notes				Signed off on	medical grounds	/ Declared Unfit		- 0
Medical Examination Height   Weight in Ka		H ZD-UUD-OHI-						
172m 68H	Chest Insp-Exp  Chest Insp-Exp  Chest Insp-Exp	The second secon	mm of Hg	Pulse-Bea		D.Rate / min	General Cond	tion
Distant Vision Uncertecte	d Corrected	Field of Vis	1		Min	19 5/min	am	7
Right Eye 6		Normal	Bone Barrier	Audiometry Right Ear		2000 3000 2 23	4000 5000	6000 8000
Selection Ishihara	Normal	Abnorma Abnorma	ormal	Left Ear	dB 22	ght Ear		
Systemic Examinatio	Normal		ormal	Hearing	150	//	Left o	ar
Head & Neck	n Normal Abnorm	al	No	tes		1	Mormal	Abnormal
Eyes Ears / Nose / Throat		FIT FO	OR SEA	SERVI	CF Re	spiratory system rdiovascular system		
Teeth / Oral Cavity Musculo-Skeletal system				· OLIVI	Pe	Abdomen nito-urinary system		
Nervous system	5	AS AS DE	ER MLC	2006	Ot	ners		
Reflexes Skin		The second second second		Medicals	Va.	mia / Hydrocoele ricose Veins		
investigations		Ennance	GARD	Medicais	tione Fis	Sure/Fistula/Piles		
Blood lemoglobin	Result		rmal	Urine		7 1		
otal WBC count	5:00 gm% cu.mm	14-16 gm % 4000-11000 /	/ cu.mm	Colour Specific Gravit	50	<del></del>		
Alamal parasite	9% Eos 0 3	Ba 00%	Mo 7 3 9%	pH	y			
SR C		ur   1 15 mm / 1	hr	Albumin Sugar	2	1	3 8	T.
	0/L mg/dl	943 U / L 145260 mg /	/ dl	Bile pigment Bile salts	K		6	9
Sood Sugar RBS	mg/dl 5:3 PPBS	upto 200 mg upto 125 mg	/dl	Occult blood				
lbsAg IIV I & II	reason	upto 125 mg	70	RBC cells Leucocytes	NI	1		
DRL Others	Non	tel.		Others				
lood Group		GC	TP U/L	Spiromet	ry:	DIRMO	Ray	
cg: Nonm	TMT:	AHI		Drugs of	desa	PADIC/		
C-Ray Chest:		IVI		Abuse:	110	¥ (HOSPITA	ILS =	100
Result of Medical Exa	MUNY mination	n		USG:	N	noxLID	13	
on the basis of the examinee's	history, clinical exam	ination and diag	nostic tests	I De MI	D MD D-II	WO. I		
it Unfit Ter emarks /	nporarily unfit	Permanently u		1,Dr. MI ould be re-ex	R MD Raihan camined in	, hereby declare ti days / week	he examinee medi	cally
ecommendations								)
Doctor's Name: DR.MIR MD. RAIH his certificate is valid till:	AN certify that all inform	nation required und	der Annexure E	& F of M.S. (Me	edical Examination	n) Rules 2000 is inco	prograted in this Cost	ificate
andidate's Signature	2 2 MAR 2026		Contractor (Contractor)			<		
Mid		23712	Official	Stamp		Bect	tors signature:	
ate: 23-03-202	24		Hospita				R. MD. RA	IHANI
		1/3	9	FA	N. Committee	MDDS (DU), D	EM CCD (Birdem) P	GT (Ophth)
2 3 MAR 2024		(0.5)	As Per-MLC-200	S pag			55144, MMC-Bo ng Bangladesh A	
		11.	The state of the s			G	eneral Physician al Hospitals Limi	and the
		4 0	9 Banglade	//		Nauto	er rivopitale Littl	1

04.2024.6214



Labour Convention, 2006.

## 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

		Gender: MALE
Da	te of Birth: (Day/month/year) Nationality: Banglaceshi Place of Birth: Kus 28/12/2001 Bangl	htia, adesh.
Decla	aration of the recognized medical practitioner:	Yes No
1	Identification documents were checked at the point of examination?	1
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: 2 3 MAR 2024	1
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea	or

Date of examination: (day/month/year) 9

No limitations or restrictions on fitness?

If "no" specify limitations or restrictions

2 3 MAR 2024

Expiry of certificate: (day/month/year) 10

\*\* Maximum two years from date of examination unless the seafarer is under the age of 18

to render the seafarer unfit for such service or endanger the life of person onboard?

2 2 MAR 2026

7 3 MAR 2024

7

8

Date

Signature of Authorised Medical Practitioner

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

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



SEAFARER MEDICAL CERTIFICATE - March 2020

04.2024.6214

ATE.



## MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



#### 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) RANY (BLOCK CAPITALS)		Gender: Male/ Male/Female*
Date of Birth: day/month/year 28/12/2001	Place of Birth: Kushtia Nationality:	Bangladeshi
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: 800646960	Dept: Deck / Engine / Catering / others Rank: Engine Cadet	Type of ship: Container Ship
Home Address: #42, Minenchak, Ghoramara-6100, Boalia, Rajshahi	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

<sup>\*</sup>For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		/	18. Sleep problem		1
2. High blood pressure		/	19. Do you smoke, use alcohol or drugs?		
Heart/vascular disease			20. Operation/surgery		-
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		U	31. Restricted mobility		,
15. Hernia	H-SWIKE SWIKE	1	32. Back or joint problem		-
16. Genital disorder		-	33. Amputation		
17. Pregnancy	7	MA	34. Fracture/dislocations		1

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



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	163	NO
36. Have you ever been hospitalized?	-	1
37. Have you ever been declared unfit for sea duty?		1
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?	1	
41. Are you allergic to any medication?	~	1
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.

7 3 MAR 2024

Date

Signature of Seafarer

MD. RAIHAN CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

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. MR MD. PAINTY.

7 3 MAR 2024

Date

Signature of Seafarer

MIR. MD. RAIHAN NB8S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

Name and Signature of Witness



E <mark>yesight</mark> Use of glasse	s or contact ler	ises				
No						
Yes	Туре			Purpose	*******	
isual Acuity	,					
	Unaided				Aided	
Right eye	Left eye	Binoc	cular	Right eye	Left eye	Binocular
Distant	616	6	CA	Distant	V	
Near	NS	N	5	Near		
isual fields						
Todai Horao					- 1	
	Norma	al	C	efective		
Right eye						
Left eye		_				
Pı	ire tone and a		etry (thre			
Dight oor	500 Hz	1,0	200	2,000 Hz	3,000 Hz	-
Right ear Left ear	20	100000	20		, cli	
Leit ear	<i>w</i>		20	~		
Speech and	whisper test (	metres	)			
	No	rmal		WI	nisper	
Right ear		4		4		
Left ear		4			4	2
Clinical Find	dings					
	محر			100	1000	
Height Bulga rata	172	(cm		Weight		Regula
Pulse rate	(per ssure Systolic	minute	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	/A TAITY CITIE		80.
Contraction of the Parket State of the Contraction		77.] (111111 Lié	Protein:			21
Officialysis.	Olucose. (		i rotein.	1 111	Diood.	
			Normal	Abnorma	I	
Head					1 7 7 8 8	
Sinus, nos			Southosp			
Mouth/tee	th		2/	1/2/	7388	

age 3 of 5

Part B - Result of medical examinations

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general)		
Tympanic membrane		
Eyes	/	
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination	alh	
Heart	-	
Skin	V	
Varicose Vein	~	
Vascular (inc. pedal pulse)	_	
Abdomen and viscera	7	*
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		
hest X-ray  Not performed		ed on (day/month/year): 23 MAR 2024  Normal Cherry
Not performed [	Results: sult(s):	Normal Cherry
Not performed [	Results: sult(s):	
Not performed  Other diagnostic test(s) and re	Results:	Normal Cherry
Not performed  Other diagnostic test(s) and re	Results: sult(s): ts and assess	Results: Normal Cherry  Results: Normal Cherry  ment of fitness, with reasons for any limitations.
Not performed  Other diagnostic test(s) and re	Results: sult(s): ts and assess	Results: Normal.
Not performed  Other diagnostic test(s) and refest. B100 C/ + C7	Results: sult(s): ts and assess	Results: Normal Cherry  Result
Not performed  Other diagnostic test(s) and refest. B1000 + 07.  Medical practitioner's commentation	Results: sult(s): ts and assess FIT FOR DUTY	Results: Normal Chen X - Y  Results: Normal Chen X - Y  Sment of fitness, with reasons for any limitations.  ON BOARD SHIP  Jease tick)
Not performed  Other diagnostic test(s) and restricted test.  Medical practitioner's commentation of fitness for server on the basis of the seafarer's performed.	Results: sult(s): ts and assess FIT FOR DUTY	Results: Normal Chen Y - Y  Results: Normal Chen Y - Y  Rement of fitness, with reasons for any limitations.  ON BOARD SHIP  Ilease tick)  ation, my clinical examination and diagnostic test
Not performed  Other diagnostic test(s) and restricted test.  Blood Assessment of fitness for servent on the basis of the seafarer's performed.	Results: sult(s): ts and assess FIT FOR DUTY rice at sea (particular sea farer	Results: Normal Cherry  Result
Other diagnostic test(s) and restricted and practitioner's commentation of fitness for services of the seafarer's persults recorded above, I declared	Results: sult(s): ts and assess FIT FOR DUTY rice at sea (particle) the seafarer Unfit for	Results: Normal Cherry  Result
Other diagnostic test(s) and restricted and practitioner's commentation of the seafarer's persults recorded above, I declared above. I declared a seafarer's persults recorded out duty	Results: sult(s): ts and assess FIT FOR DUTY rice at sea (particle) the seafarer Unfit for	Results: Normal Chen Y - Y - Y - Y - Y - Y - Y - Y - Y - Y

Without rest	trictions With re	estrictions		
Description of r	restrictions (e.g. specific pos	sition, type of ship, trading are	a etc.)	
	* .			
2 3 MAR 2024	<del>f</del> w	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited		
Date	Signature of Medical Practitioner	Medical Practitioner's name	, licence number, ad	dress

\*\*\*\*\*





ID NO : 24030610

Patient's Name: MD.SAIFUL KABIR RANY

Specimen ; Blood

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/12261

Date : 23/03/2024

Age : 22Y2M24D

Sex : Male

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

#### HAEMATOLOGY REPORT

D				
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.9 03	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	9,100	/cumm	4,000 - 11,000 /cumm	A .000
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes Eosinophils Basophil	64 28 05 03	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	<b>273 291,000</b> 11 16.8 0.32 34.2	/cumm /cumm fL % %	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00%	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	99 5.84 51.8 88.7 27.2 30.6 56	m/ul % fL pg g/dL fL %	13 - 129 x10^3/uL M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

DIA24030610 Received Date 23/03		23/03/2	2024	
MD SAIFUL KABIR RANY				
22Y 2M 24D Patient's Sex			Male	
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO		C/O/12261		
BLOOD				
	MD SAIFUL KABIR RANY 22Y 2M 24D	MD SAIFUL KABIR RANY  22Y 2M 24D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD SAIFUL KABIR RANY  22Y 2M 24D Patient's  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	MD SAIFUL KABIR RANY  22Y 2M 24D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

## BIOCHEMISTRY REPORT

Test Name Result Reference Range

Random Blood Sugar (RBS) 5.3 mmol/l 4.2 – 6.4 mmol/l

RADICAL

#### REMARKS (IF ANY)

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

Checked

Medical Technologist. Radical Hospital Ltd.



Bill No	DIA24030610	Received	Date 2	23/03/2	2024
Patient's Name	MD SAIFUL KABIR RANY		Duto 1	20/00/2	-024
Patient's Age	22Y 2M 24D	P	atient's S	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC	CNO	C/O/12261
Sample	BLOOD		000	0110	C/O/12201

## SEROLOGICAL REPORT

Test Name

Result

VDRL	Non-reactive



Checker By

Medical Technologist. Radical Hospital Ltd.



Bill No	DIA24030610	Receive	d Date	23/03/2	2024
Patient's Name	MD SAIFUL KABIR RANY				
Patient's Age	22Y 2M 24D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	i c	DC NO	C/O/12261
Sample	URINE				1

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

#### CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	Nil	WBC	Nil	
Sugar	Nil	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	HAI	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.





Bill No	DIA24030610	Receive	d Date	23/03/2	2024
Patient's Name	MD SAIFUL KABIR RANY				
Patient's Age	22Y 2M 24D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(Bl	RDEM),PGT(Eye),DFN	1 C	DC NO	C/O/12261
Sample	URINE			9	

#### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
Morphine	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.

#### DEPARTMENT OF RADIOLOGY & IMAGING

Print: 23/03/2024 Receive:23/03/2024 ID. No. 24030610

: MD SAIFUL KABIR RANY Patient's Name

Sex : M 22 YRS Age

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM Refd. by

#### X-RAY OF CHEST (DIGITAL)

: Both hemidiaphragm are normal in position. Diaphragm

C-P angles are clear.

Normal in T.D. Heart

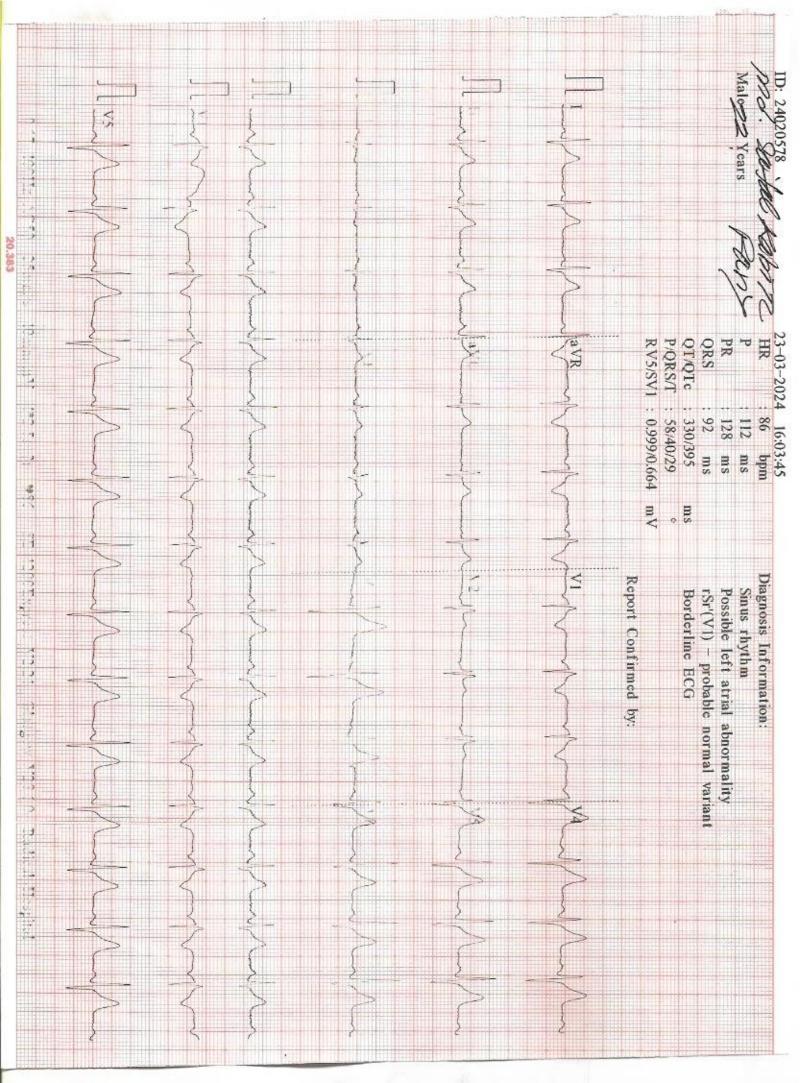
Lung fields are clear. Lung

Reveals no abnormality. Bony thorax

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





### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030610 Receive: Print: 23/03/2024

Patient's Name : MD SAIFUL KABIR RANY

Age : 22 YRS Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

## **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 86 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.

Normal

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

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that MD SAIFUL KABIR RANY Date of Birth: 28-12-2001 MALE Whose signature follows...

has on the Date indicated been vaccinated or revaccinated against Cholera

Date	Signature and professional Status of Vaccinator	Approved Stamp
0 3 MAR 2024	Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	RAL CHOLERA.  AS Per MLC-2006 F

MAR 2024	DR. MIR. MD. RAIHAN MBBS (0U), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	35, Shah Makhdum Avenue Uttera, Dhaka	ORAL CHOLERA "DUKORAL Valid Upto 2 yrs
3	7		
4			

# VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

This is to certify that MD SATFVL	KABIR	RAND te of	28-12-201 Birth: Sex:	MALE
Whose signature follows	बन			
has on the Date indicated been vaccin	nated or rev	accinated ag	ainst yellow fever	
	,			

Date	Signature and professional Status of Vaccinator	Manufacturer and batch no of vaccine	Official stamp of vaccination centre
E	Dr. ATM Anwarul Haqu MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD Marine Health Car Dhaka	A CO	As Per 10 2006

2			
25			
3 =		100	

This certificate is valid only if the vaccine used has been approved by the World Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of years, from the date of that 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.