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: BHOWMICK (Surname) SWAPAN (First Name) KUMAR (Middle Initial) Sex: M Serial No:

Date of Birth: 01 / 01 / 1975 PP/CDC: E/013360 Rank: 2ND ENGINEER

Vessel: SHINWA-MARU Type: BULK Route: WORLD WIDE

Home Address: HOUSE-08, FLAT-A5, ROAD-07, SECTOR-03, UTTARA, DHAKA-1230, BANGLADESH

Company Name : BERNHARD SCHULTE SHIPMANAGEMENT INDIA PVT. LTD.

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		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition 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		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
167cm	65Kg.	93-41	130/80/mmHg	78/min	19/min	Good

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

Field of Vision: Normal / Abnormal

Colour Vision		
Ishihara		Normal / Abnormal
Other		Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing: Right Ear 4 / Left ear 4

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 2ND ENGR
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	14.8 gm%	14-16 gm %
Total WBC count	5700 cu.mm	4000-11000 / cu.mm
Neu 70 % Lymp 23 % Eos 03 Ba 00 % Mo 03 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	N/E 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 5.3 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: 23 MAR 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 24 MAR 2024

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

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

04.2024.6221

締約国資格受有者身体検査証明書

Medical Certificate (This certificate is issued under the Law for Ship' Officers and Boats' Operators)

(申請者記入)
(Written by applicant)

氏名（ふりがなをつけること。）Name	性別 Gender
SWAPAN KUMAR BHOWMICK	✓ 男 Male / 女 Female
出生年月日 Date of birth	希望する従事範囲 Desired Capacity in which you are authorized to serve
1975 年 01 月 01 日 Year Month Day	2ND ENGINEER
現住所 Address	
H-08, F-A5, R-07, S-03, UTTARA, DHAKA-1230 BANGLADESH TEL +880 1610928242	

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

(指定医師記入)
(Written by recognized doctor or medical practitioner)

1．視　力 (Visual acuity)

裸眼視力 Unaided	矯正視力 (Aided)	左 Left	右 Right	両眼 Both eyes together
	✓	(616)	(616)	(616)

2．色　覚 (Color vision)

正常 Normal	パネルD－15（Pass ・ Fail） Panel D-15	その他（ ） Others

3．聴　力 (Hearing)

5mの話声語の弁別 Distinction of voice separated from 5m	可 Able	不可 Unable
	✓	

4．疾　病 (Disease)

疾病の有無 Existence of disease	病名及び程度（疾病のある者の場合のみ記入） The name of a disease and the extent (Write down where applicable)	勤務への支障 Hitch for job
有 Yes / 無 No		有 Yes / 無 No
✓		

5．身体機能の障害 (Body functional disorder)

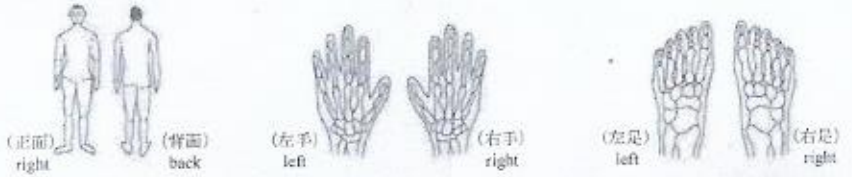
(1) 身体機能の障害の有無 (Existence of lesion)

身体機能の障害の有無 Existence of obstacle	障害の内容及び程度 Extent and degree of the obstacle
有 Yes / 無 No	
✓	

握力（手指に障害のある者の場合のみ記入） Grasping power (Only write down is case of handicap of fingers)	左 Left	kg	右 Right	kg
		kg		kg

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

(2) 身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Place of disorder or impairment (Write down where applicable as follows :site of amputation " — ", affected area " ▨ ")
切断部位は ——、障害部位には ▨ により図示すること。 Draw a line the cut part, painting the disorder part



(3) 運動機能（身体機能に障害のある者の場合のみ記入） Motor functional disorder (Write down where applicable)
①関節の屈伸 Flexibility of joint

手指の屈伸 Flexing of finger	できる Able	できない Unable
手の屈伸 Flexing of hand	できる Able ✓	できない Unable
膝の屈伸 Flexing of knee	できる Able ✓	できない Unable

②障害のある関節（関節の屈伸のいずれかができなかった者の場合のみ記入）
Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

手関節 Wrist joint	肘関節 Elbow joint	肩関節 Shoulder joint
左 Left 右 Right	左 Left 右 Right	左 Left 右 Right
股関節 Coxa	膝関節 Knee joint	足関節 Ankle joint
左 Left 右 Right	左 Left 右 Right	左 Left 右 Right

③運動機能障害の程度（膝関節の屈伸ができなかった者の場合のみ記入）
Extent of the motor functional disorder (Write in case unable to flex knee)

一般歩行 Normal walk	できる Able	できない Unable
低重心歩行 Walking with one's legs bended	できる Able	できない Unable
跳躍 Jump	できる Able	できない Unable

(4) 義手義足（義手又は義足を装着している者の場合のみ記入）
Artificial arms and artificial legs (Write down where applicable by painting the relevant part)
義手義足を装着している部分を ▨ により図示すること。

6．指定医師所見（受検者の船舶職員としての勤務について指摘すべきことがあれば記入）

Remarks on the examinee by recognized doctor (Write down something in case you have indication concerning ship officer's job of the examinee)

FIT FOR DUTY ON BOARD SHIP

船舶職員及び小型船舶操縦者法施行規則別表第３の検査項目について 2024 年 03 月 24 日検査を行った結果、上記のとおりであることを証明します。
As a result of an inspection according to the Law for Ships' Officers and Boats' Operators, enforcement regulations (item of appended table 3), I prove a thing as above.

指定医師の氏名 Name of the recognized doctor *DR. MIR MD. RAIHAN MBBS(DU),DFM*
医療機関の名称、所在地及び連絡先 Name, address and contact information (TEL, E-mail) of the medical facility

RADICAL HOSPITAL LIMITED
35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
MOB No: +880 1716134074 / +880 1624392528 Email: [illegible]

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

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

Id No	: 647	**Date :** 24-Mar-2024	**D.Date :**	24-Mar-2024
Patient's Name :	SWAPAN KUMAR BHOWMICK	**Age :** 49Y 2M 23D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFMC/O/3360			

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.8** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8700** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**70** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**23** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**03** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**261** /cumm	50-450/cumm
Total RBC Count	**5.0** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41** %	M: 40-54%, F:37-47%
MCV	**78** fL	76 - 94 fL
MCH	**30** pg	27 - 32 pg
MCHC	**31** g/dL	29 - 34 g/dL
RDW	**12** %	11 - 16 %
PDW	**39** fL	35 - 56 fl
Total Platelete Count (PC)	**190000** /cumm	150,000-450,000/cumm
MPV	**9.0** fL	7.0 - 11.0 fL
PCT	**0.1** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA24030647	Received Date	24/03/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 2M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3360
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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030647	Received Date	24/03/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 2M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3360
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.

Bill No	DIA24030647	Received Date	24/03/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 2M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3360
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24030647	Received Date	24/03/2024
Patient's Name	SWAPAN KUMAR BHOWMICK		
Patient's Age	49Y 2M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3360
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030647	Receive: Print: 24/03/2024		
Patient's Name	:	**SWAPAN KUMAR BHOWMICK**			
Age	:	49 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	67 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: 24020578

24-03-2024 13:16:10

Swapan Kumar Brownick

Male 49 Years

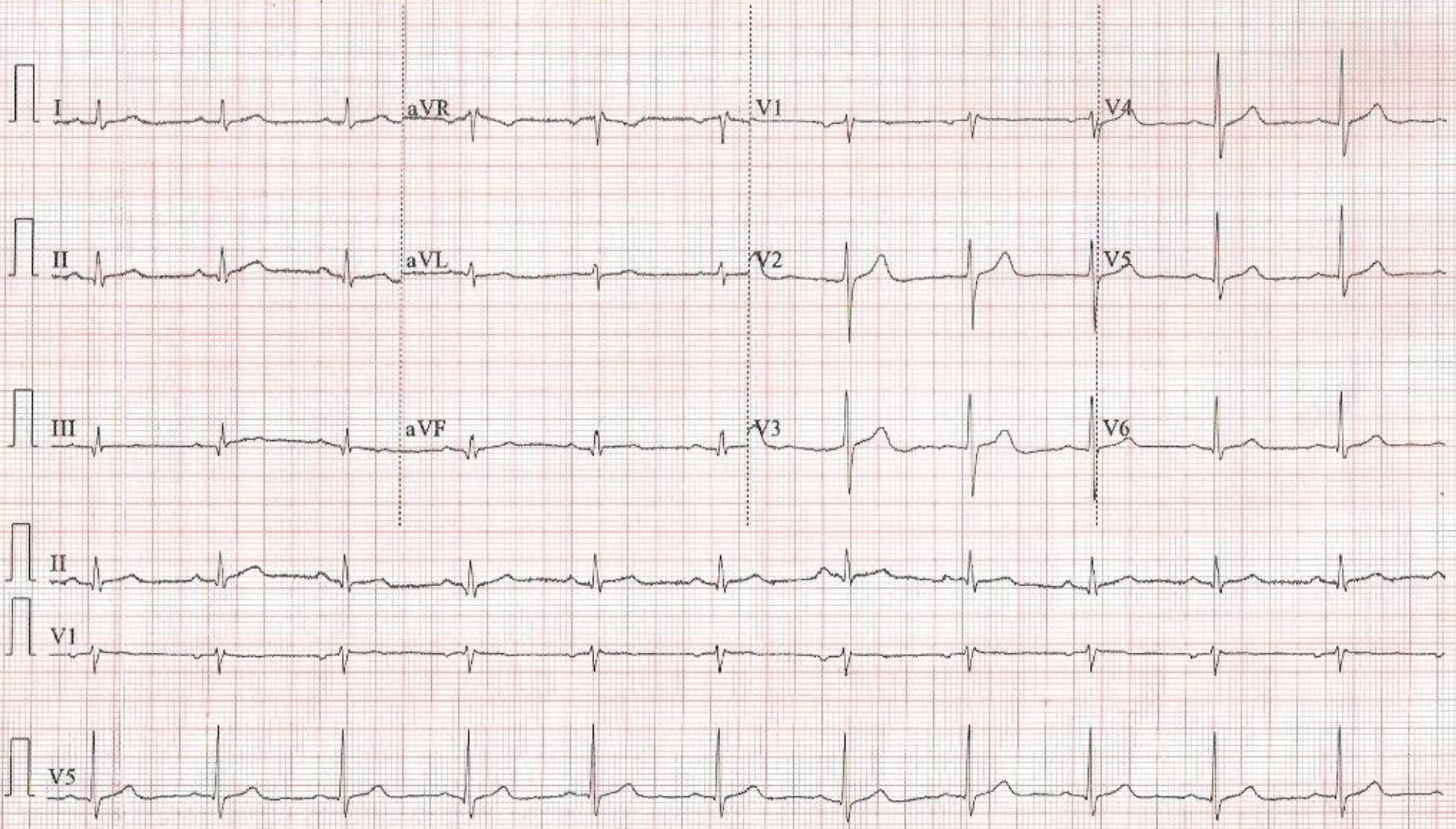
HR	: 67	bpm	
P	: 116	ms	
PR	: 186	ms	
QRS	: 92	ms	
QT/QTc	: 388/410	ms	
P/QRS/T	: 54/43/44	°	
RV5/SV1	: 1.210/0.346	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥67 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030647	Receive:24/03/2024	Print: 24/03/2024
Patient's Name	:	**SWAPAN KUMAR BHOWMICK**		
Age	:	49 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION CONTRE LE CHOLERA

This is to certify that SWAPAN KUMAR BHOWMICK date of brith 01-JAN-1975 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a Ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateur	Approved Stamp Cechet d'authentification
1 30-MAY-2019	Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Regi. No. A 41434 Approved Medical Practitioner DG Shipping Bangladesh. New Popular Medical Services, Dhaka. ORAL CHOLERA "DUKORAL" Valid Upto 2 Years	New Popular Medical Services License No. 3024 (DG Health)
2 29 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.	CENTER FOR VACCINATION 36, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of this certificate shall extend for a period of six months, 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 the 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 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 certificate 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 modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toule correction ou rature sur le certificate ou I o mission d'une quelconque des mentions qu il comporte pe ut effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that SWAPAN KUMAR BHOWMICK date of brith 01-JAN-1975 sex MALE
JE soussigne' (e) certifie que ..... no (e) le ..... sexe .....

Whose signature follows
dont la signature suit .....

has on the Date indicated been vaccinated or revaccinated against yellow fever.
a e' tc' 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	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne'to du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
30-MAY-2019	Dr. Mohammad Salluddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Ragi. No. A 41434 Approved Medical Practitioner DG Shipping Bangladesh. New Popular Medical Services, Dhaka.		YELLOW FEVER VACCINE No 2314 DAKAR	New Popular Medical Services License No. 3024 (DG Health)
2				

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.

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 ten 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 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 centre de vaccination ae'tc' habilite parl' adminstration sanitaire du territoire dans lcquel' ce centre est siture'

La validite' de ce certificate 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 dc 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 etre conside' re' comme lenant licu de signature.

Toute correction ou rature sur le certificate ou l 'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.