

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 MOHAMMAD IFTEKHARUL Sex: MALE Serial No: _____
 Date of Birth: 11/09/1981 PP/CBC: C10/4318 Rank: Chief Officer
 Vessel: MT. Maritime Valor Type: Chemical Tanker Route: _____
 Home Address: 3/13 Kalyenpur Housing Estate, Mirpur, Dhaka-1316
 Company Name: IMC

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		☒		☒
Ear / 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 Disorder		☒		☒	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							
178cm		84kg	93-41	130/80 mmHg	78b/min	19b/min	G.W							
Distant Vision		Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6	6/6	Normal	Right Ear	dB	20	20	20					
Left Eye		6/6	6/6	Abnormal	Left Ear	dB	20	20	20					
Colour Vision		Ishihara	Normal	Abnormal	Hearing	Right Ear					Left ear			
Other		Normal	Abnormal											

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒	☐	FIT FOR SEA SERVICE AS CH.OFF 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	<u>14.3 gm%</u>	14-16 gm %	Colour	<u>SW</u>
Total WBC count	<u>9200 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity	
Neu <u>68</u> % Lym <u>25</u> % Eos <u>02</u> % Ba <u>00</u> % Mo <u>02</u> %			pH	
Malan parasite	<u>NOT FOUND</u>		Albumin	<u>NI</u>
ESR	<u>07 mm / 1st hour</u>	1-15 mm / hr	Sugar	<u>NI</u>
SGPT	<u>U/L</u>	9-43 U/L	Bile pigment	
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts	
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood	
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells	<u>NI</u>
HbsAg	<u>negative</u>		Leucocytes	
HIV I & II	<u>negative</u>		Others	
VDRL	<u>negative</u>		Spirometry:	<u>NTD</u>
Others		GGTP U/L	Drugs of Abuse:	<u>Negative</u>
Blood Group			USG:	<u>Normal</u>

ECG: <u>Normal</u>	TMT: <u>NTD</u>	
X-Ray Chest: <u>Normal</u>		

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, 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: 16 MAR 2026

Candidate's Signature
md. Iftekhurul Alam
 Date: 17 MAR 2024

Official Stamp

Doctor's signature:

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

04.2024.6158

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) ALAM MOHAMMAD IFTEKHARUL		Gender: Male/Female*
Date of Birth: (Day/month/year) 11 Sept 1981	Nationality: Bangladeshi	Place of Birth: Dhaka

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: 17 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) 17 MAR 2024		
10	Expiry of certificate: (day/month/year) 16 MAR 2026 ** Maximum two years from date of examination unless the seafarer is under the age of 18		

17 MAR 2024

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
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.

md. Iftekharrul Alam
Signature of Seafarer

* delete as appropriate



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) ALAM MOHAMMAD IFTAKHARUL		Gender: Male/Female*	
Date of Birth: day/month/year 11 Sept 1981	Place of Birth: DHAKA	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B 00058490	Dept: Deck / Engine / Catering / others Rank: Chief Officer	Type of ship: chemical Tanker	
Home Address: 3/13, Kalyanpur Housing Estate, Mirpur, Dhaka-1216	Routine and emergency duties: cargo operation, Navigation, Deck maintain	Trading area: e.g. coastal / worldwide 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. Epilepsy/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		N/A	34. Fracture/dislocations		☒

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?		☒
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?		☒

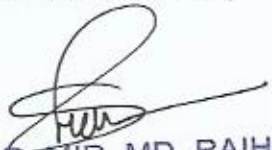
If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

17 MAR 2024

Date

md. Jfte Kharul Alam
Signature of Seafarer

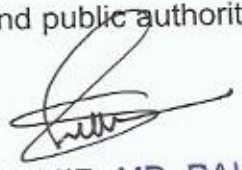

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMD A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name and Signature of Witness

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. DR. MIR. MD. RAIHAN.

17 MAR 2024

Date

md. Jfte Kharul Alam
Signature of Seafarer


DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited
Name and Signature of Witness



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	15	15	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	178 (cm)	Weight	84 (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	☒	



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): **17 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				



☒ Without restrictions

☐ With restrictions

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

17 MAR 2024

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



Id No : 0417 **Date** : 17-Mar-2024 **D.Date** : 17-Mar-2024
Patient's Name : MOHAMMAD IFTEKHARUL ALAM **Age** : 42Y 6M 6D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4318

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	276 /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	79 fL	76 - 94 fL
MCH	28 pg	27 - 32 pg
MCHC	30 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	38 fL	35 - 56 fL
Total Platelete Count (PC)	3,55,000 /cumm	150,000-450,000/cumm
MPV	10.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.2 %
Bleeding 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	DIA24030417	Received Date	17/03/2024
Patient's Name	MOHAMMAD IFTEKHARUL ALAM		
Patient's Age	42Y 6M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4318
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	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	DIA24030417	Received Date	17/03/2024
Patient's Name	MOHAMMAD IFTEKHARUL ALAM		
Patient's Age	42Y 6M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4318
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

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

Bill No	DIA24030417	Received Date	17/03/2024
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Patient's Age	42Y 6M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4318
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.

Se

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030417 Receive: Print: 17/03/2024
Patient's Name : **MOHAMMAD IFTEKHARUL ALAM**
Age : 43 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 76 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

LD: 240203/0

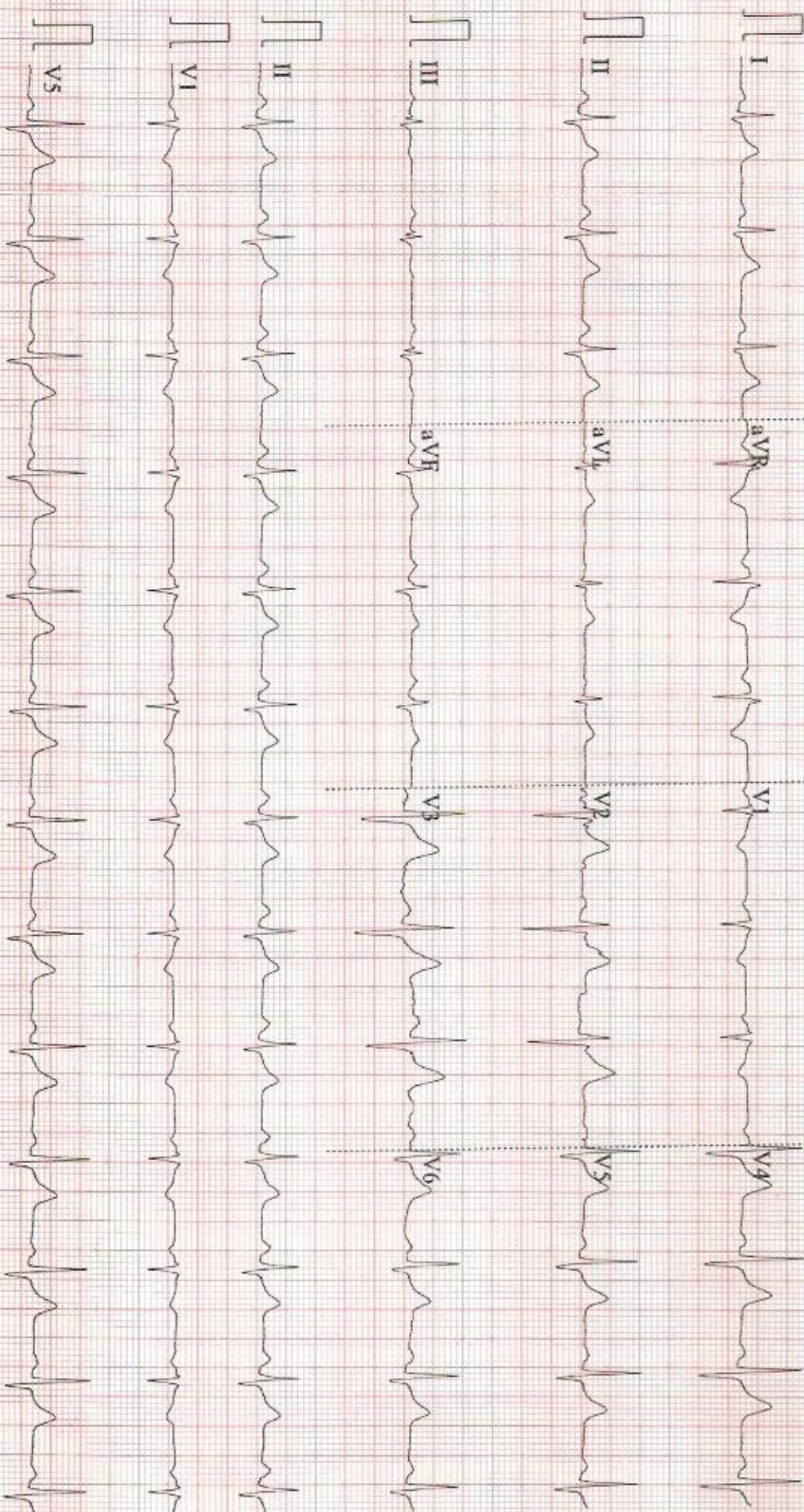
Mr Mohammed Alkhatib
Male 45 Years *Alkhatib*

17-03-2024 14:21:31

HR : 76 bpm
P : 116 ms
PR : 156 ms
QRS : 102 ms
QT/QTc : 380/428 ms
P/QRS/T : 57/29/34 °
RV5/SV1 : 0.947/0.473 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030417 Receive: 17/03/2024 Print: 17/03/2024
Patient's Name : **MOHAMMAD IFTEKHARUL ALAM**
Age : 43 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

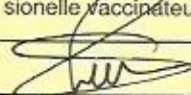
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MOHAMMAD IFTAKHARUL ALAM

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth /11/09/1992/ Sex MALE
no' (e) le _____ Sexe

Whose signature follows
don't la signature suit md. IfteKharul Alam

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 <i>17 MAR 2024</i>	Signature and professional Status of Vaccinator Signature of qualifié profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
2	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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 part of it may render it 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, à compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections espacées à sept jours d'intervalle et sa validité commencera le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présenté par l'administration sanitaire du territoire où la vaccination est effectuée.

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

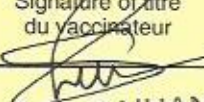
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MOHAMMAD IFTEKHARUL ALAM

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth 12/09/1987 Sex MALE
no' (e) le _____ Sexe _____

Whose signature follows
don't la signature suit md. Iftekhurul Alam

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

Date 17 MAR 2024	Signature and professional Statut of Vaccinator Signature of titre du vaccinateur 	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 DR. MIR. MD. RAIHAN MBBS (D), DPM, CCG (Infect), PGD (Dahth) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l lcalih 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 day after the date of vaccination or in the event of a revaccination within sch 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 die signature.

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

Ce certificate n' est avaiable que si lc vaccina employe" a c- tc, ' a approve" par l' organisa tion Mondiale de la sanc" et sile centre a" uaiif,aiion ae" tc'tra6iiiiie pali-aminsralion sanitaire du (erriloire dans lcquel ce centre est situe;

La validite' de ce certificat couvr une pe'riode de dix ans comencant dix joursaorcs la date de,la vaccination ou, dans le cas dune reiaccination.u .ou., a-cittc lie,io,i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.