

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: MISHER MD. SAMSUZZAMAN KHAN Sex: M Serial No: _____
 Date of Birth: 21/11/1992 PP/CDC: C10/7207 Rank: 2ND ENGINEER
 Vessel: MT LADY ELISE Type: OIL/CHEM TANKER Route: WORLDWIDE
 Home Address: KANAGPUR, NAGARBATHAN, JHENAI DAH, JHENAI DAH

Company Name: INDOGULF SHIP MANAGEMENT LLC.

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						
168 cm		70 kg		43-41		120/80 mm		78 bpm		18 bpm		Cur						
Distant Vision		Uncorrected		Corrected		Field of Vision		Audiometry		Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6				Normal		Right Ear		dB	20	20	20					
Left Eye		6/6				Abnormal		Left Ear		dB	20	20	20					
Colour Vision		Ishihara		Normal		Abnormal		Hearing		Right Ear				Left ear				
		Other		Normal		Abnormal				4				4				

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS 2ND ENGINEER AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
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>15.5 gm%</u>	14-16 gm %	Colour
Total WBC count	<u>7000 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	<u>30 %</u>	Eos <u>02 %</u> Ba <u>00 %</u> Mo <u>02 %</u>	pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>20 mm / 1st hour</u>	1-15 mm / hr	Sugar
SGPT	<u>11 IU/L</u>	9-43 U / L	Bile pigment
S.Cholesterol	<u>160 mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>160 mg/dl</u>	upto 200 mg /dl	Occult blood
Blood Sugar	<u>110 mg/dl</u>	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV 1 & 2	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		
Others		GGTP U/L	Spirometry:
Blood Group			

ECG: Normal TMT: Normal Drugs of Abuse: None USG: None

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: 08 MAR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 09 MAR 2024



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

04.2024.6111



COOK ISLANDS PHYSICAL EXAMINATION REPORT / CERTIFICATE

Ship
Registration
FORM. 31
v.3

Surname	MISHER		Given Name(s)	MD SAMSUZZAMAN KHAN
Date of Birth	Day 21	Month 11	Year 1992	
Place of birth	City JHENAI DAH		County BANGLADESH	
Examination for Duty As		Mailing Address of Applicant		
Master	☐	VILL: KANAGPUR P.O: NAGARBATHAN P.S: JHENAI DAH SADAR DIST: JHENAI DAH BANGLADESH		
Deck Officer	☐			
Engineering Officer	☒			
Radio Officer	☐			
Rating	☐			

(affix)



Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
162cm	70kg	120/80 mmHg	78/min	19.5/min	Good
Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses					
Without Glasses	GU	GU			

Dental

The applicant is free from visual infections of the mouth cavity or gums Yes ☒ No ☐

Colour Test

Book ☒ Lantern ☒
Red ☒ Yellow ☒ Blue ☒ Green ☒

Are glasses or contact lenses required to meet the required vision standard Yes ☐ No ☐

Head and Neck	Heart (Cardiovascular)
Lungs	Speech
	Deck/Navigation - Officer/Radio Officer Speech must be unimpaired for normal voice communication
Upper extremities	Lower extremities

04.2024.6111



Is applicant vaccinated in accordance with WHO requirements **	Yes ☒	No ☐
Is the 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?		
NO		
Is the applicant taking any non-prescription or prescription medications If yes please describe below	Yes ☐	No ☒

Signature of Applicant		09 MAR 2024
To be affixed in the presence of the examining physician		Date
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:		
MD SAMSUZZAMAN KHAN MISHER		who is / not* certified to be free of
communicable disease		
Name of applicant		
She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*		
FIT FOR DUTY ON BOARD SHIP		

*delete as appropriate

PHYSICIAN NAME : DR. MIR MD RAIHAN MBBS,(DU), DFM	
ADDRESS: RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH	
PHYSICIANS CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH	
LICENCE NUMBER: A-55144	
DATE OF ISSUE*:	09 MAR 2024
DATE OF EXPIRY*:	08 MAR 2026
*of this certificate	
Signature of Physician	09 MAR 2024
	Date

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.



INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers 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:

1) Hearing

- a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)

2) Eyesight

- a) 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 eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
- b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
- c) 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.

3) Dental

- a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure



a) An applicant's blood pressure must fall within an average range

5) Voice

a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations

a) All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions

a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements

- a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.



ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2024.6111

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last MISHER First MD. SAMSUZZAMAN Middle KHAN
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 09.05.2024 09 MAR 2024
Occupation: Deck/Engine/Catering/Other (specify) 2ND ENGINEER Rank: 2ND ENGINEER
Father's/ Husband's name: MD. MOSHARAF HOSSAIN C.D.C No. C/017207
Mother's Name: REHENA AKTER Seaman ID No. 050007617
Address: House No: Street/ Road No: Passport No. EG0843304
Locality/Village: KANAGPUR NID No. 8246109956
P.O.: NAGARBATHAN Date of Birth: 21-11-1992
P.S.: JHENAIDAH (DD/MM/YYYY)
District: JHENAIDAH

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination: YES/NO
 - Hearing meets the standards in section A-I/9: YES/NO
 - Unaided hearing satisfactory?: YES/NO
 - Visual acuity meets standards in section A-I/9?: YES/NO
 - Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 09 MAR 2024
 - Fit for lookout duties?: YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?: YES/NO
 - Any limitations or restrictions on fitness?: YES/NO
- If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY): 09 MAR 2024

11. Date of expiry (DD/MM/YYYY): 08 MAR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bardem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

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 physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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 a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030287 Receive: Print: 09/03/2024
Patient's Name : **MD SAMSUZZAMAN KHAN MISHER**
Age : 31 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 73 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

ID: 124

09-03-2024 14:41.13

Mr. Samir Samir
Male 32 Years Khan Mirza

HR : 73 bpm

P : 116 ms

PR : 148 ms

QRS : 86 ms

QT/QTc : 382/421 ms

P/QRS/T : 29/19/21 °

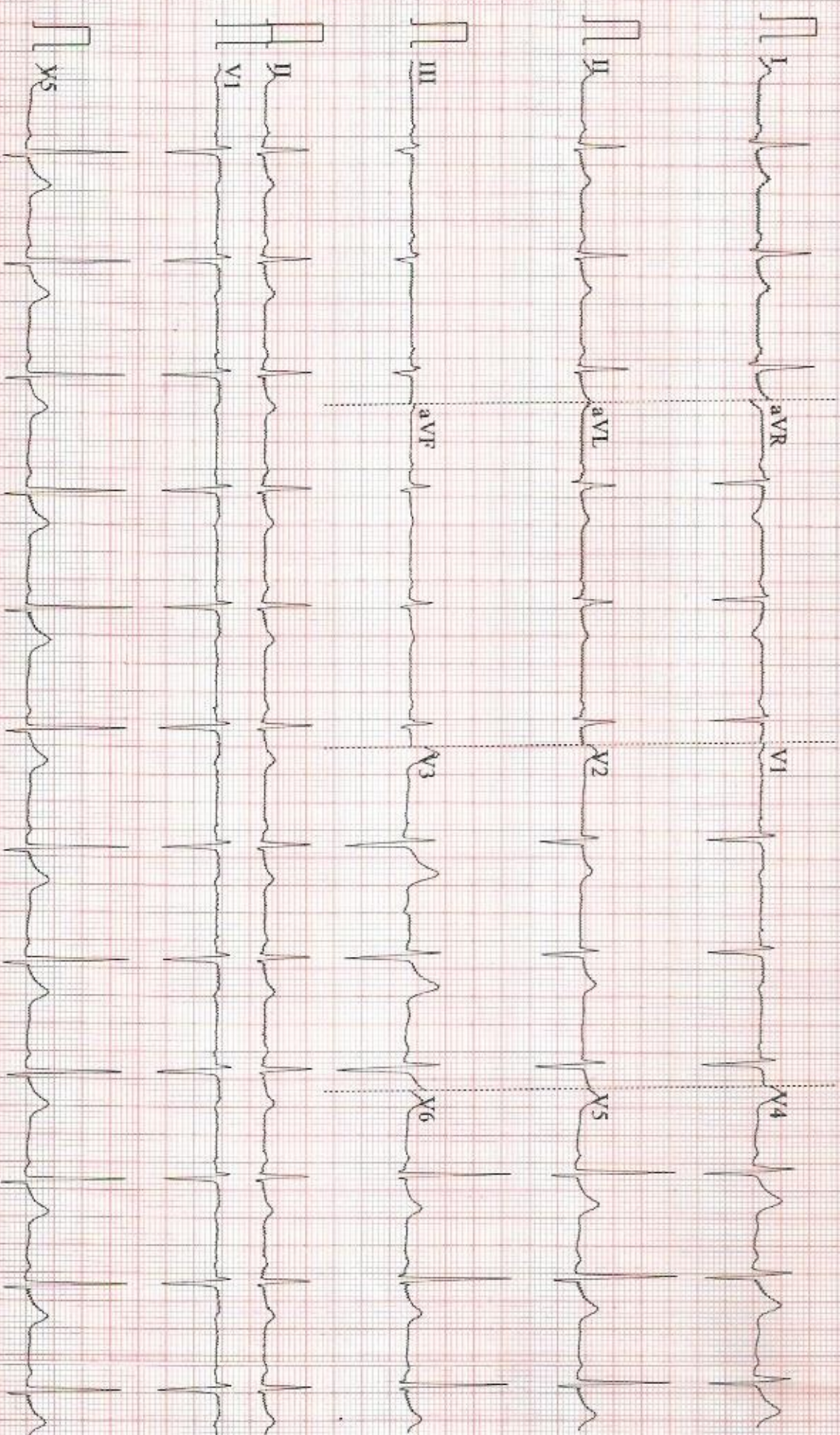
RV5/SV1 : 1.789/0.966 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:





Bill No	DIA24030287	Received Date	09/03/2024
Patient's Name	MD SAMSUZZAMAN KHAN MISHER		
Patient's Age	31Y	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC C/O/7207
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 Hospitals Ltd.


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

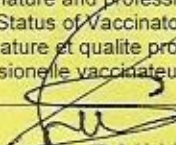
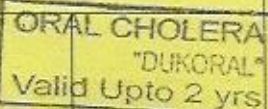
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

MD. SAMSUZZAMAN KHAN MISHR

This is to certify that | date of birth | **21-11-1992** | 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 e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
09 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophthi) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
1		
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 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 cette revaccination.

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

Le cachet d'authentification doit être conforme au modèle présent 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 en affecter la validité.

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

MD. SAMSUZZAMAN KHAN MISHAR

This is to certify that JE Soussigne' (e) certifie que | date of birth | 21-11-1992 | Sex | MALE
no' (e) le | sexe |

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 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 nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
29 MAR 2024	 DR. MR. MD. RAIHAN MBBS (DU), DPM, CCD (Biom), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
1			
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 this 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 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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employe a ete approuve par l'organisation mondiale de la sante et si le centre auquel il a ete applique est reconnu par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

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

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il