



HAQUE & SONS LTD.

Rumana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMD
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HSL-004198

MEDICAL EXAMINATION CERTIFICATE

SURNAME MAHMUD	FIRST NAME AND S M	MIDDLE NAME SHAKIL
PLACE AND DATE OF BIRTH NAOGAON 4-Aug-1994	PASSPORT NUMBER A01575896	SEAMAN'S BOOK NUMBER CO8269
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : MAHMUDPUR, DHAMORHAT, AGRADIGUN-6561, NAOGAON, BANGLADESH	CONTACT NUMBER : 0088 01671657451	RANK : 1ST ASST ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever 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 medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Mahmud

Signature of Seafarer

MEDICAL EXAMINATION

Weight 94 kg	Height (cm) 180	BMI 29.0	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78 bpm																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																				

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			☒	☐	
Near					☒	☐	

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 01 MAR 2024

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☐	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>Normal</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☐ Negative
ECG	<u>Normal</u>	BILIRUBIN	Alcohol Test	☐ Positive ☐ Negative
BLOOD R/E	<u>Normal</u>	SGPT	URINE R/E	<u>Normal</u>
DC (differential count)	<u>Normal</u>	SGOT	OTHERS	<u>Normal</u>
HAEMOGLOBIN (HGB)	<u>14.8</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>04</u>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test
WBC	<u>8600</u>	Amphetamine	☐ Positive ☐ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type
RANDOM	<u>5.2</u>	Barbiturates	☐ Positive ☐ Negative	Psychological Exam
HBA1C	<u>5.1%</u>	Cocaine	☐ Positive ☐ Negative	Others (KUB Ultrasound)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer: Mahmud Name of Seafarer: S M SHAKIL MAHMUD Date: 01 MAR 2024

Assessment of fitness for service at sea:

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

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 01 MAR 2024 Valid Until: 29 FEB 2026

Name and Signature of Authorized Physician

MBBS (DU), DPM, CCD (Biom), FGT (CPM)

In Accordance with Medical Examination (Seafarers) Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

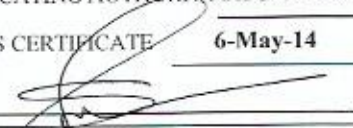
General Physician

Rajdip Hospitals Limited.

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT MAHMUD			FIRST NAME S.M.		MIDDLE INITIAL SHAKIL
DATE OF BIRTH 8 4 1994 MONTH DAY YEAR			PLACE OF BIRTH NAOGAON BANGLADESH CITY COUNTRY		SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐			MAILING ADDRESS OF APPLICANT: MAHMUDPUR, DHAMORHAT, AGRADIGUN-6561, NAOGAON, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2					
HEIGHT 180cm	WEIGHT 74kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 bpm	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES 6/6 / 6/6 WITH GLASSES _____ / _____ DATE OF LAST COLOR VISION TEST (Month/Day/Year) 01 MAR 2024 Testing Required every 6 years COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☒ NO ☐ COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☒ GREEN ☐ BLUE ☐					
HEARING RT. EAR Normal LEFT EAR Normal HEAD AND NECK Normal HEART (CARDIOVASCULAR) Normal LUNGS Normal SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No					
SIGNATURE OF APPLICANT Mahmud		DATE OF EXAM 01 MAR 2024		EXPIRY DATE 29 FEB 2026	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: S.M. SHAKIL MAHMUD					
FIT FOR DUTY ON BOARD SHIP (NAME OF APPLICANT)					
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).					
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),					
ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-14					
SIGNATURE OF PHYSICIAN 				DATE OF EXAMINATION: 01 MAR 2024	

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M ANNEX 2

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGF (Opth)
BMDC A-55144, MMC REG-948
OG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



Rev0 - 09/01/2023

MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (b) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (g) 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.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

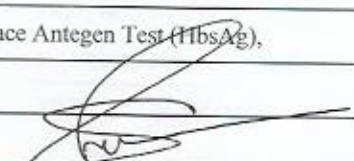
C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HBsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V


DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Burdwan), PGD (Gp. Hn)
BMD A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



Id No : 0004 **Date** : 01-Mar-2024 **D.Date** : 01-Mar-2024
Patient's Name : S M SHAKIL MAHMUD **Age** : 29Y 6M 26D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/8269

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.
ESR(Westergreen)	04 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	258 /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)	290000 /cumm	150,000-450,000/cumm
MPV	10.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.4 %
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	DIA24030004	Received Date	01/03/2024
Patient's Name	S M SHAKIL MAHMUD		
Patient's Age	29Y 6M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8269		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %

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 Hospitals Ltd.

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

Bill No	DIA24030004	Received Date	01/03/2024
Patient's Name	S M SHAKIL MAHMUD		
Patient's Age	29Y 6M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8269
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL Test	Non-reactive

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA24030004	Received Date	01/03/2024
Patient's Name	S M SHAKIL MAHMUD		
Patient's Age	29Y 6M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8269
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Technologis
Radical Hospitals Ltd.

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

REF: MV. OSAKA STAR

DATE: 01/03/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: S M SHAKIL MAHMUD

RANK: 1A/ENG

CDC NO: C/O/8269

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD


Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020574

01-03-2024 13:09:46

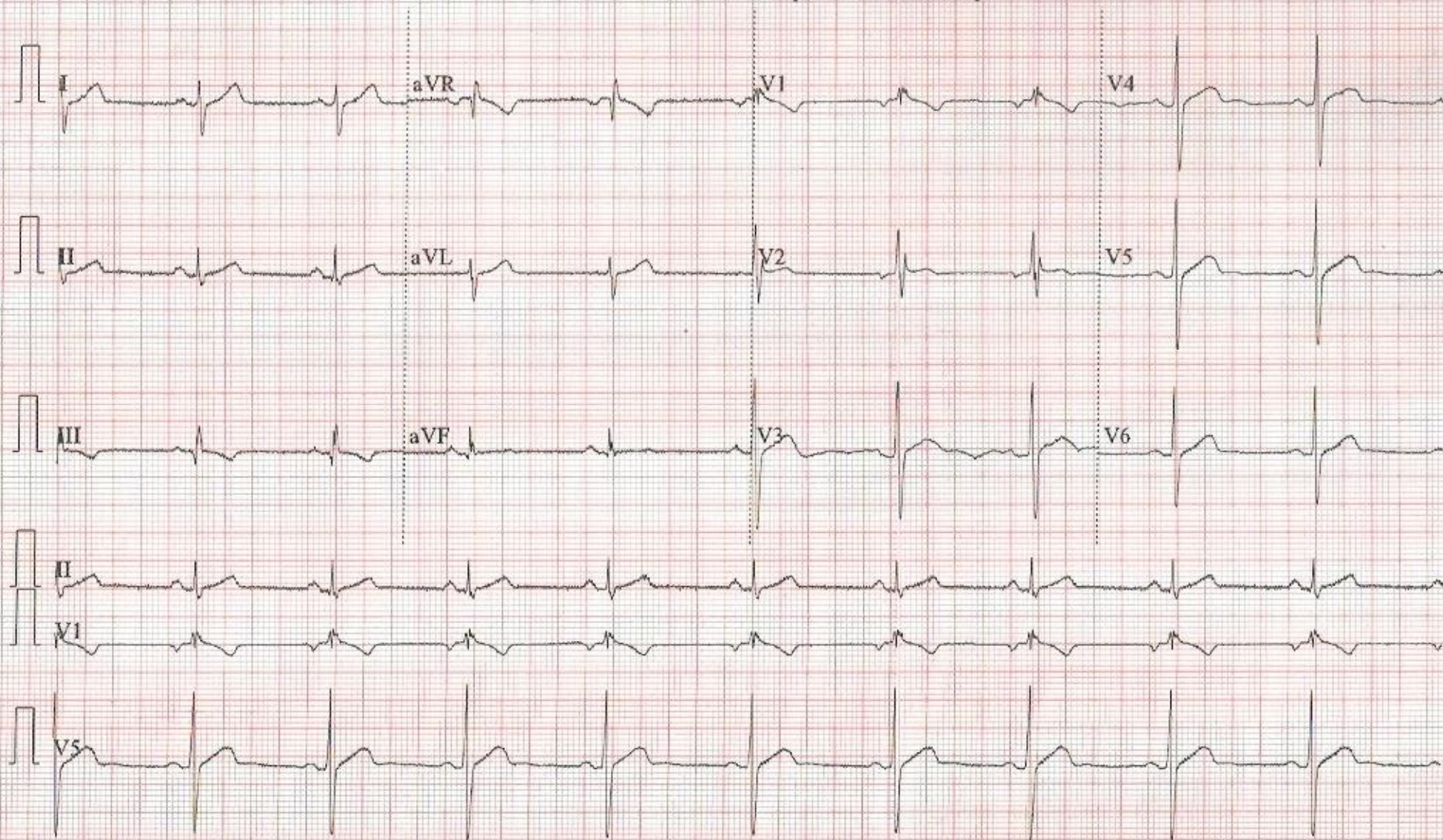
S M Shakh Muhammad
Male 29 Years

HR : 59 bpm
P : 108 ms
PR : 152 ms
QRS : 118 ms
QT/QTc : 378/375 ms
P/QRS/T : 62/99/9 °
RV5/SV1 : 1.388/0.092 mV

Diagnosis Information:

Sinus bradycardia
Rightward axis
Incomplete RBBB
Possible right ventricular hypertrophy
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030004 Receive: 01/03/2024 Print: 01/03/2024
Patient's Name : S M SHAKIL MAHMUD
Age : 29 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 CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

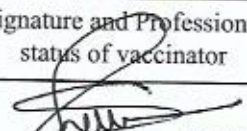
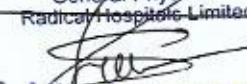
Mahmud

This is to certify that
whose signature follows

Date of birth 09-AUG-1994 Sex MALE

S M SHAKIL MAHMUD (C/O B269)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
11 JUL 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	
2 01 MAR 2024	 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	

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7		7	8
8			

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