

# 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: MAMUN MD ARSULLAH A Sex: M Serial No: \_\_\_\_\_  
 Date of Birth: 20/09/1968 PP/CDC: C403381 Rank: MASTER  
 Vessel: MY VEGA CAROLINE Type: BULK CARRIER Route: WORLD WIDE  
 Home Address: HO: 160, RD: 4, BL: B, BASHUNDHARA R/A  
DHAKA - BANGLADESH  
 Company Name: DSM THOMS

## 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)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Hernia / Hydrocoele / Appendicitis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Head Injury / Concussion / Loss of Memory                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | High / Low blood pressure / Heart disease      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Asthma / Bronchitis / Tuberculosis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Eye / Vision Problems (Glasses, etc.)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Allergy / Skin disease                         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Hearing Impairment                                          |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Infection / Contagious Disease                 |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Ear / Nose / Throat problems                                |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Addiction to alcohol / drugs / tobacco         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Stomach / Bowel disorders                                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Fracture / Dislocation / Injury / Amputation   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Gall stones / Kidney disorders                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Major / Minor Operation                        |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Jaundice / Liver Disease                                    |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Diabetes                                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Piles / Varicose veins                                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Nervous / Mental disease / Sleep disorder      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Blood Disorder                                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Malignant disease (Cancer)                     |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Female Disorder                                             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Signed off on medical grounds / Declared Unfit |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |

Notes

## Medical Examination

| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp. Rate / min | General Condition |           |
|----------------|---------------|----------------|----------------------------|-------------------|------------------|-------------------|-----------|
| <u>168 cm</u>  | <u>78 kg</u>  | <u>93-41</u>   | <u>130/80 mmHg</u>         | <u>78 / min</u>   | <u>18 / min</u>  | <u>Good</u>       |           |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000      |
| Right Eye      | <u>6/5</u>    |                | Normal                     | Right Ear         | dB               | <u>20</u>         | <u>20</u> |
| Left Eye       | <u>6/5</u>    |                | Abnormal                   | Left Ear          | dB               | <u>20</u>         | <u>20</u> |
| Colour Vision  | Ishihara      | Normal         | Abnormal                   | Hearing           | Right Ear        | Left ear          |           |
|                | Other         | Normal         | Abnormal                   |                   | <u>4</u>         | <u>4</u>          |           |

## Systemic Examination

|                         | Normal                              | Abnormal | Notes                                                                                                          |                       | Normal                              | Abnormal |
|-------------------------|-------------------------------------|----------|----------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|----------|
| Head & Neck             | <input checked="" type="checkbox"/> |          | <b>FIT FOR SEA SERVICE</b><br><b>AS MASTER</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> | Respiratory system    | <input checked="" type="checkbox"/> |          |
| Eyes                    | <input checked="" type="checkbox"/> |          |                                                                                                                | Cardiovascular system | <input checked="" type="checkbox"/> |          |
| Ears / Nose / Throat    | <input checked="" type="checkbox"/> |          |                                                                                                                | Per Abdomen           | <input checked="" type="checkbox"/> |          |
| Teeth / Oral Cavity     | <input checked="" type="checkbox"/> |          |                                                                                                                | Genito-urinary system | <input checked="" type="checkbox"/> |          |
| Musculo-Skeletal system | <input checked="" type="checkbox"/> |          |                                                                                                                | Others                | <input checked="" type="checkbox"/> |          |
| Nervous system          | <input checked="" type="checkbox"/> |          |                                                                                                                | Hernia / Hydrocoele   | <input checked="" type="checkbox"/> |          |
| Reflexes                | <input checked="" type="checkbox"/> |          |                                                                                                                | Varicose Veins        | <input checked="" type="checkbox"/> |          |
| Skin                    | <input checked="" type="checkbox"/> |          |                                                                                                                | Fissure/Fistula/Piles | <input checked="" type="checkbox"/> |          |

## Investigations

| Blood             | Result                  | Normal             | Urine            |                 |
|-------------------|-------------------------|--------------------|------------------|-----------------|
| Hemoglobin        | <u>15.2</u> gm%         | 14-16 gm %         | Colour           | <u>Str</u>      |
| Total WBC count   | <u>8500</u> cu.mm       | 4000-11000 / cu.mm | Specific Gravity |                 |
| New % Lymph       | <u>25</u> %             |                    | pH               | <u>7.1</u>      |
| Malarial parasite | <u>Not Found</u>        |                    | Albumin          | <u>Nil</u>      |
| ESR               | <u>80</u> mm / 1st hour | 1-15 mm / hr       | Sugar            | <u>Nil</u>      |
| SGPT              | <u>30</u> U/L           | 9-43 U/L           | Bile pigment     |                 |
| S.Cholesterol     | <u>130</u> mg/dl        | 145-260 mg / dl    | Bile salts       |                 |
| S.Triglycerides   | <u>155</u> mg/dl        | upto 200 mg / dl   | Occult blood     |                 |
| Blood Sugar       | <u>4.5</u> PPBS         | upto 125 mg %      | RBC cells        | <u>Nil</u>      |
| HbsAg             | <u>Not Found</u>        |                    | Leucocytes       |                 |
| HIV I & II        | <u>Not Found</u>        |                    | Others           |                 |
| VDRL              | <u>Not Found</u>        |                    | Spirometry:      | <u>N/D</u>      |
| Others            |                         | GGTP U/L           | Drugs of Abuse:  | <u>Negative</u> |
| Blood Group       |                         |                    | USG:             | <u>Normal</u>   |
| ECG:              | <u>Normal</u>           | TMT:               |                  |                 |
| 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, 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: 27 MAR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 28 MAR 2024



DR. MIR. MD. RAIHAN  
 MBBS (DU), DFM, CCP (Bangladesh), DCT (Ophthalmology)  
 BMDC A-55144, MMC-BGD-016  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.

04.2024.6252

# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                              |                                                                                                             |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME<br><b>MAMUN</b>                                                                                                                                                                                                                      | GIVEN NAME(S)<br><b>MD ABULLAH AL</b>                                                                       |                                                                                 |
| DATE OF BIRTH<br><b>09 MONTH 20 DAY 1968 YEAR</b>                                                                                                                                                                                            | PLACE OF BIRTH<br><b>BANGLADESH</b><br>CITY <b>SAKHIRA</b>                                                  | SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS:<br>MASTER <input checked="" type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>HO: 160, ROAD: 4, BL: B,<br/>BASHUNDHARA R/A, DHAKA<br/>BANGLADESH.</b> |                                                                                 |

#### MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                           |                       |                                                  |                                                                                                                          |                              |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|
| HEIGHT<br><b>1.68M</b>                                                                                                                                                                                                                                                    | WEIGHT<br><b>78KG</b> | BLOOD PRESSURE<br><b>130/80 mmHg</b>             | PULSE<br><b>78/min</b>                                                                                                   | RESPIRATION<br><b>19/min</b> | GENERAL APPEARANCE<br><b>Good</b> |
| VISION:<br>WITHOUT GLASSES<br>RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b><br>WITH GLASSES                                                                                                                                                                                    |                       | HEARING:<br>RT. EAR <b>MM</b> LEFT EAR <b>MM</b> |                                                                                                                          |                              |                                   |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" EXPLAIN ON PAGE 2)                                                          |                       |                                                  |                                                                                                                          |                              |                                   |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                         |                       |                                                  |                                                                                                                          |                              |                                   |
| HEAD AND NECK<br><b>Normal</b>                                                                                                                                                                                                                                            |                       |                                                  | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                                  |                              |                                   |
| LUNGS<br><b>Normal</b>                                                                                                                                                                                                                                                    |                       |                                                  | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes.</b> |                              |                                   |
| EXTREMITIES:<br>UPPER <b>Normal</b> LOWER <b>Normal</b>                                                                                                                                                                                                                   |                       |                                                  |                                                                                                                          |                              |                                   |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                       |                       |                                                  |                                                                                                                          |                              |                                   |
| IS 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                       |                                                  |                                                                                                                          |                              |                                   |
| IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2                                                                                                                                                                                                |                       |                                                  |                                                                                                                          |                              |                                   |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                 |                       |                                                  |                                                                                                                          |                              |                                   |

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

**FIT FOR DUTY ON BOARD SHIP**

**MD ABULLAH AL MAMUN**

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☒ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, DFM**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN

**28 MAR 2024**

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev, Mar/2022

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



MI-105M

## 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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's 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 (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
  - 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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.
- (h) Physical Requirements
  - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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.

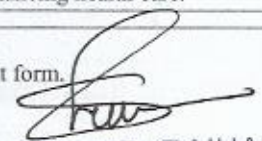
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.  
(See RMI MG 7-47-1, §3.3).

28 MAR 2024



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

**Id No** : 785  
**Patient's Name** : MD ABDULLAH AL MAMUN  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-3381  
**Date** : 28-Mar-2024  
**Age** : 55Y 6M 8D  
**D.Date** : 28-Mar-2024  
**Gender** : Male

### Haematology Report

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

| Parameter Name                     | Results             | Reference Range                                                                                    |
|------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.2 gm/dl</b>   | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>04 mm/1st hr</b> | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>9500 /cumm</b>   | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                     |                                                                                                    |
| Neutrophils                        | <b>71 %</b>         | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>25 %</b>         | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02 %</b>         | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02 %</b>         | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00 %</b>         | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>190 /cumm</b>    | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.1 m/ul</b>     | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>42 %</b>         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78 fL</b>        | 76 - 94 fL                                                                                         |
| MCH                                | <b>30 pg</b>        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>31 g/dL</b>      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12 %</b>         | 11 - 16 %                                                                                          |
| PDW                                | <b>42 fL</b>        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>182000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.9 fL</b>       | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.1 %</b>        | 0.1 - 0.5 %                                                                                        |
| Bleeding Time(BT)                  | <b>%</b>            | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>%</b>            | 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        | DIA24030785                                           | Received Date | 28/03/2024 |
| Patient's Name | MD ABDULLAH AL MAMUN                                  |               |            |
| Patient's Age  | 55Y 6M 8D                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/3381   |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                         | Result     | Reference Range  |
|-----------------------------------|------------|------------------|
| Fasting Blood Sugar (FBS)         | 4.5 mmol/l | 4.2 – 6.4 mmol/l |
| HbA1C                             | 5.0%       | <6.5 %           |
| Serum Creatinine                  | 1.0 mg/dl  | 0.3 - 1.3 mg/dl  |
| Serum Uric Acid                   | 4.7 mg/dl  | 3.4-7.0 mg/dl    |
| <b><u>Liver Function Test</u></b> |            |                  |
| Serum Bilirubin (Total)           | 0.59 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum ALT (SGPT)                  | 30.0 U/L   | Up to 40 U/L     |
| Serum AST (SGOT)                  | 26.0 U/L   | Up to 37 U/L     |
| Serum Alkaline Phosphatase        | 170.0 U/L  | Up to 270 U/L    |
| <b><u>Lipid profile</u></b>       |            |                  |
| Serum Cholesterol                 | 129mg/dl   | up to 200 mg/dl  |
| Serum HDL- Cholesterol            | 35 mg/dl   | 35-55 mg/dl      |
| Serum Triglyceride                | 155 mg/dl  | 50 - 150 mg/dl   |
| Serum LDL- Cholesterol            | 63 mg/dl   | <130 mg/dl       |

 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        | DIA24030785                                           | Received Date | 28/03/2024 |
| Patient's Name | MD ABDULLAH AL MAMUN                                  |               |            |
| Patient's Age  | 55Y 6M 8D                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/3381   |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

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

RADICAL

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        | DIA24030785                                           | Received Date | 28/03/2024 |
| Patient's Name | MD ABDULLAH AL MAMUN                                  |               |            |
| Patient's Age  | 55Y 6M 8D                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/3381   |
| Sample         | URINE                                                 |               |            |

### 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 |
|              |        | 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        | DIA24030785                                           | Received Date | 28/03/2024 |
| Patient's Name | MD ABDULLAH AL MAMUN                                  |               |            |
| Patient's Age  | 55Y 6M 8D                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/3381   |
| 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.

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
|                | DIA24030785                                           | Received Date | 28/03/2024 |
| Patient's Name | MD ABDULLAH AL MAMUN                                  |               |            |
| Patient's Age  | 55Y 6M 8D                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/3381   |
| Sample         | STOOL                                                 |               |            |

## STOOL ANALYSIS

### Physical Examination:

Color : Brown  
Consistency : Soft  
Worm : Nil  
Mucus : Nil  
Blood : Nil

### Chemical Examination:

Reaction : Acid  
Occult Blood Test (OBT) : Not done  
Reducing Substance (RS) : Not done

### Microscopic Examination:

|                        |             |                 |             |
|------------------------|-------------|-----------------|-------------|
| Ova                    | : Not found | Mucus flakes    | : Nil       |
| Cyst                   | : Not found | Cyst of Giardia | : Not found |
| Protozoa (Trophozoite) | : Not found | Macrophage      | : Not found |
| Larva                  | : Not found | Fat Globules    | : (+)       |
| Epithelial Cell        | : Nil       | Vegetable Cell  | : Nil       |
| Pus Cell               | : 0-1       | Starch          | : (+)       |
| RBC                    | : Nil       | Muscle fibre    | : Nil       |

Checked By

Medical Technologist  
Radical Hospital Ltd.

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

|                |   |                                                        |       |   |            |
|----------------|---|--------------------------------------------------------|-------|---|------------|
| Patient's Name | : | MD ABDULLAH AL MAMUN                                   | ID NO | : | 24030785   |
| Age            | : | 55 Yrs                                                 | Date  | : | 28/03/2024 |
| Sex            | : | Male                                                   |       |   |            |
| Referred by    | : | Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM |       |   |            |

## Dental Examination Reports

### On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



**Dr. Mir Md. Raihan**

MBBS (DU), DFM, CCD (Birdem), PGT(opth)  
Reg- A55144 BGD-016(MMC)  
DG Shipping Bangladesh Approved  
Malaysian Medical Council Approved  
General Physician  
Radical Hospitals Limited

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030785      Receive: 28/03/2024      Print: 28/03/2024  
Patient's Name : **MD ABDULLAH AL MAMUN**  
Age : 55 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.

Page of 1

ID: 24020579

28-03-2024 11:28:50

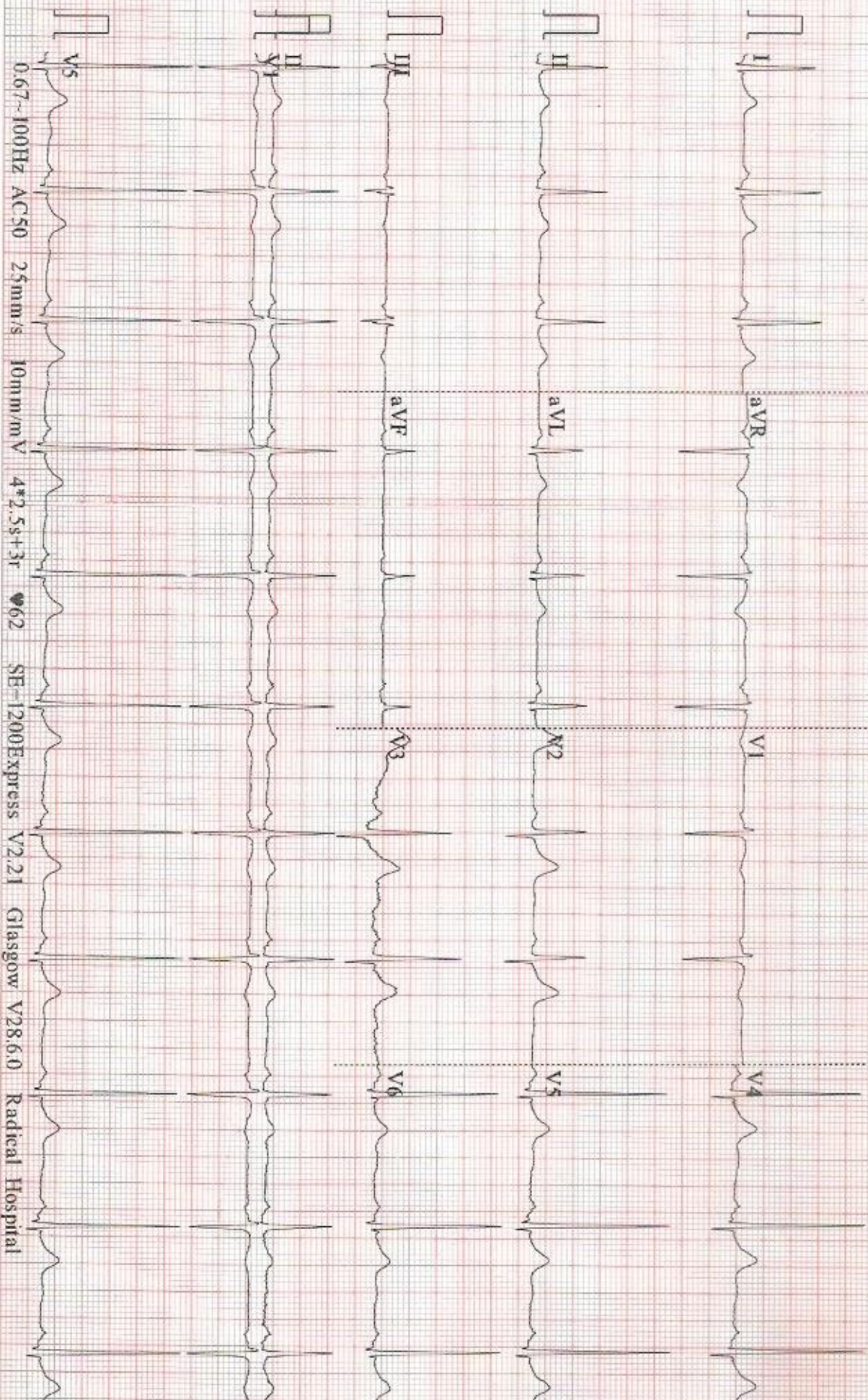
*Mr. Michael RAE*  
Male 55 Years *paediatrics*

|         |              |     |
|---------|--------------|-----|
| HR      | : 62         | bpm |
| P       | : 120        | ms  |
| PR      | : 160        | ms  |
| QRS     | : 80         | ms  |
| QT/QTc  | : 404/411    | ms  |
| P/QRS/T | : 132/6/15   | °   |
| RV5/SV1 | : 2.54/1.102 | mV  |

Diagnosis Information:

Sinus rhythm  
Normal ECG

Report Confirmed by:



## TREADMILLSTRESS TEST

|               |                      |           |            |          |
|---------------|----------------------|-----------|------------|----------|
| Patient ID    | 24030785             | Test Date | 28-03-2024 |          |
| Patient Name  | MD ABDULLAH AL MAMUN | Age       | 55 Yrs     | Sex Male |
| Attending Dr. | Dr. ROSEYAT PERVEEN  |           |            |          |

Total Exercise Time : 09:5 Min Max.HR attained : 167 bpm.  
 % of max.pred. hR : 98 % Max. Pred HR : 168 bpm.  
 Maximum BP : 160/90 mmHg. Max. work load attained : 13.00METS.  
 Indication : Screening for IHD.  
 Risk Factors :  
 Reason for Termina : Attainment of THR.  
 Test Profile : BRUCE  
 Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- MD ABDULLAH AL MAMUN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

  
Dr. ROSEYAT PERVEEN

MBBS, MD (Cardiology), NICVD, Dhaka  
Consultant, IBN SINA D-Lab, Uttara, Dhaka



|                |   |                                      |         |              |
|----------------|---|--------------------------------------|---------|--------------|
| Patient's Name | : | MD ABDULLAH AL MAMUN                 |         |              |
| Age            | : | 55 Yrs                               | Date    | : 28/03/2024 |
| Sex            | : | Male                                 | CDC NO: | C/O/3381     |
| Referred by    | : | Dr. Mir Md. Raihan - MBBS, (DU), DFM |         |              |

## Psychometric Test

| Test Name                                                     | Remarks                                    |
|---------------------------------------------------------------|--------------------------------------------|
| <b>1.APTITUDE TEST</b>                                        |                                            |
| Numerical Reasoning test                                      | Poor / <u>Good</u> / very good / excellent |
| Verbal Reasoning test                                         | Poor / <u>Good</u> / very good / excellent |
| Inductive reasoning test                                      | Poor / <u>Good</u> / very good / excellent |
| Diagrammatic Reasoning test                                   | Poor / <u>Good</u> / very good / excellent |
| Logical Reasoning test.                                       | Poor / <u>Good</u> / very good / excellent |
| Error checking test                                           | Poor / <u>Good</u> / very good / excellent |
| <b>2.Skill Test</b>                                           | Poor / <u>Good</u> / very good / excellent |
| <b>3.Personality Test</b>                                     | INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP    |
| <b>4.Watson Glaser test(Critical Thinking Test)</b>           |                                            |
| Arguments                                                     | Poor / <u>Good</u> / very good / excellent |
| Assumptions                                                   | Poor / <u>Good</u> / very good / excellent |
| Deductions                                                    | Poor / <u>Good</u> / very good / excellent |
| Interpreting Information's                                    | Poor / <u>Good</u> / very good / excellent |
| Inferences                                                    | Poor / <u>Good</u> / very good / excellent |
| <b>5.Situational Judgment Test.</b>                           | Poor / <u>Good</u> / very good / excellent |
| Poor: <6 <u>Good: 6-7</u> very good: 7-8      excellent: 8-10 |                                            |

**COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB**

**Dr. Mir Md. Raihan**

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)  
 Reg- A55144 BGD-016(MMC)  
 DG Shipping Bangladesh Approved  
 Malaysian Medical Council Approved  
 General Physician  
 Radical Hospitals Limited

## AUDIOLOGICAL REPORT

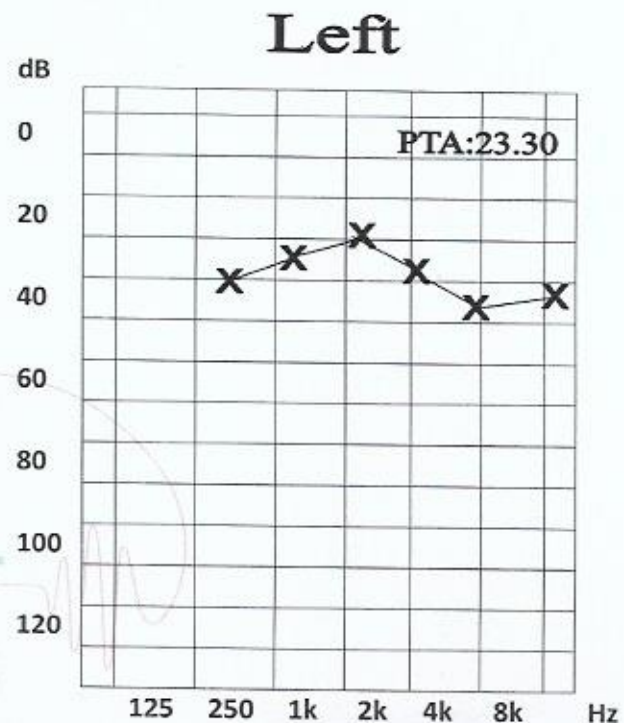
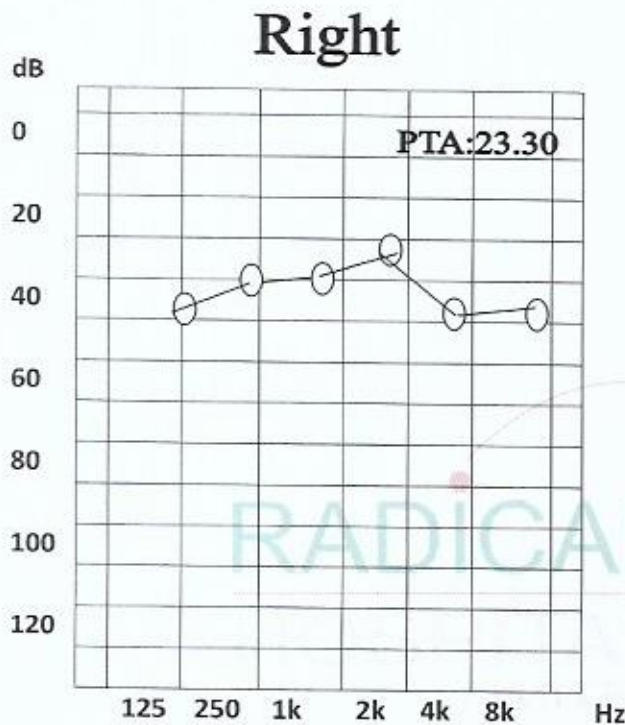
Patient Name : MD ABDULLAH AL MAMUN

28/03/2024

Age : 55 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.  
 26-40= Mild Hearing Loss.  
 41-55= Moderate Hearing Loss.  
 56-70= Moderately Severe Hearing Loss.  
 71-90= Severe Hearing Loss.  
 91-120= Profound Hearing Loss.

|                  | Right Ear | Left Ear |
|------------------|-----------|----------|
| Air Unmasking OX |           |          |
| Bone Unmasking   |           |          |
| Air Masking OX   |           |          |
| Bone Masking ΔΔ  |           |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Date: 28/03/2024

## EYE EXAMINATION REPORT

|       |                      |              |                  |
|-------|----------------------|--------------|------------------|
| NAME: | MD ABDULLAH AL MAMUN |              |                  |
| AGE:  | 55 YRS               | RANK: MASTER | CDC NO: C/O/3381 |

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030785 Receive: Print: 28/03/2024  
Patient's Name : MD ABDULLAH AL MAMUN  
Age : 55 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 62 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

|                    |                                     |       |              |
|--------------------|-------------------------------------|-------|--------------|
| Patient's Name     | : MD ABDULLAH AL MAMUN              | ID NO | : 24030785   |
| Age                | : 55 Yrs                            | Date  | : 28/03/2024 |
| Sex                | : Male                              |       |              |
| Referred by        | : Dr. Mir Md. Raihan MBBS,(DU), DFM |       |              |
| Nature of Specimen | :                                   |       |              |

**PULMONARY FUNCTION TEST (SPIROMETRY)**

FVC = 6  
FEV = 5  
FEV/FVC = 80%

Comments: Normal Lung Function



**Dr. Mir Md. Raihan**

MBBS (DU) CCD(Birdem),PGT (ophth)  
Reg- A55144 BGD-016(MMC)  
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Malaysian Medical Council Approved  
General Physician  
Radical Hospitals Limited

|              |                                  |           |            |     |      |
|--------------|----------------------------------|-----------|------------|-----|------|
| Patient ID   | 24030785                         | Test Date | 28/03/2024 |     |      |
| Patient Name | MD ABDULLAH AL MAMUN             | Age       | 55 YRS     | Sex | Male |
| Ref. By      | Dr. Mir Md. Raihan MBBS (DU),DFM |           |            |     |      |

### BMI REPORT

Body Mass Index =  $\frac{\text{Weight in kg}}{(\text{Height in Meter})^2}$

$$= \frac{78 \text{ kg}}{(1.68)^2}$$

$$= 27.6$$

### BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.



**Dr. Mir Md. Raihan**

MBBS (DU,) CCD (Birdem), PGT (ophth)  
 Reg- A55144 BGD-016(MMC)  
 DG Shipping Bangladesh Approved  
 Malaysian Medical Council Approved  
 General Physician  
 Radical Hospitals Limited

|              |                                  |               |            |
|--------------|----------------------------------|---------------|------------|
| Patient ID   | 24030785                         | Voucher No    |            |
| Test Name    | USG OF WHOLE ABDOMEN             | Delivery Date | 28/03/2024 |
| Patient Name | <b>MD ABDULLAH AL MAMUN</b>      |               |            |
| Age          | 55 YRS                           | Sex           | Male       |
| Refd. By     | DR. MIR MD. RAIHAN MBBS,(DU),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**LIVER :-** Is normal in size 13.5cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

**GALL BLADDER :-** Normal size regular in shape. **Lumen is normal.**  
Wall thickens is normal.

**CBD & Intrahepatic biliary trees** are not dilated. Diameter of CBD is normal.

**PANCREASE :-** Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

**SPLEEN :-** Is normal in size and shape uniform in echo-texture.

**BOTH KIDNEYS :-** Are normal in size. RK-10.0cm, LK-11.0cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

**URINARY BLADDER :** Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen

**Prostate:** Normal size regular in shape. Echogenicity is homogenous.

**COMMENT:** Normal Study.

Sonologist

  
**Dr. Asma Ahmed**  
MBBS,CMU,DMU  
PGT(Gynae & obs)  
Advanced Training in TVS

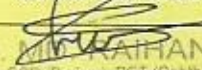
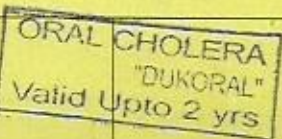
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CON IRE LE CHOLERA**

**MD. ABDULLAH AL MAMUN**

This is to certify that  
JE Soussigne' (e) certifie que | date of birth  
no' (e) le | **20.09.1968** Sex | **M**

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<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccinateur                                                                                                                                                                    | Approved Stamp<br>Cachet<br>d'authentification                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1<br><b>28 MAR 2024</b> | <br><b>DR. MIR. M. RASHED</b><br>MBBS (DU), DTM, CGB (Dinema), DGT (Orangi)<br>BMDG A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>General Physician Limited | <br> |
| 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 partielles 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 le comporte peut en affecter la validité.

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

**MD ABDULLAH AL MAMUN**

This is to certify that  
JE Soussigne' (e) certifie que

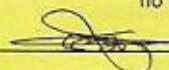
date of birth  
no' (e) le

20-09-1968

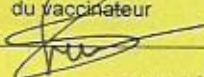
Sex  
sexe

M

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 fièvre jaune a la date indiquée.

| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                                                                                                    | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numéro<br>du lot | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination   |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 20 MAR 2024 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS, DML, DPH, CCO (Public), PST (Public)<br>BMDC A-55144, MMC-BGD-016<br>CG Shipping Bangladesh Approved<br>General Physician<br>Rachin Hospital Limited |        |  |
| 1           |                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                    |
| 2           |                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                    |
| 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 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 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 employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, au bout d'un an, à compter de la date de cette ré vaccination.

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

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