

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

RADICAL HOSPITAL LIMITED.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name:	MAMUN ABDULLAH		AL	Sex: MALE	Serial No:	
	Surname	First Name	Middle Initial			
Date of Birth:	04 / SEP / 1995		PP/CDC:	21019434	Rank:	4th Eng.
Vessel:	M.V FW VENUS		Type:	BULK	Route:	
Home Address:	KHA JORDANGA, BINERPOTA, SATKHERA.				WORLD WIDE	
Company Name:						

Please answer the following to the best of your knowledge.

[illegible]

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition							
162cm	60kg	43	41	120/80 mmg	78 3/min	19 3/min	Cur							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6	6/6	Normal		Right Ear	dB	20	20	20					
Left Eye	6/6	6/6	Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal		Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal											

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS <i>W/EMR</i> AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	/	
Eyes	/			Cardiovascular system	/	
Ears / Nose / Throat	/			Per Abdomen	/	
Teeth / Oral Cavity	/			Genito-urinary system	/	
Musculo-Skeletal system	/			Others	/	
Nervous system	/			Hernia / Hydrocoele	/	
Reflexes	/			Varicose Veins	/	
Skin	/			Fissure/Fistula/Piles	/	

Blood	Result	Normal	Urine
Hemoglobin	15.0 gm%	14-16 gm %	Colour
Total WBC count	9.900 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 68 % Lymph 22 % Eos 02 % Ba 09 % Mo 12 %			pH
Malarial parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1- - 15 mm / hr	Sugar
SGPT	20 U/L	9-43 U / L	Bile pigment
S.Cholesterol	122 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	122 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS S.P.PPWS	upto 125 mg %	RBC cells
HbsAg	Non reactive		Leucocytes
HIV I & II	Non reactive		Others
VDRL	Non reactive		
Others		GGTP U/L	Spirometry:
Blood Group			

A portrait of a man with short dark hair, wearing a dark suit jacket, a white shirt, and a blue tie. He is looking directly at the camera with a neutral expression. The background is plain white.

ECG:	Normal	TMT:	N/D	Drugs or Abuse:	Negative
X-Ray	Chest:			USG:	Normal

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
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Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAHMAN 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: **11 MAR 2026**

Candidate's Signature:  Official Stamp:  Doctor's signature: **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdm), PGT (Opth)
BMDC A-55144 MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

12 MAR 2024

04.2024.6116

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>MAMUN</u>		GIVEN NAME(S) <u>ABDULLAH AL</u>	
DATE OF BIRTH MONTH <u>sep</u> DAY <u>04</u> YEAR <u>1995</u>		PLACE OF BIRTH CITY <u>Satkhira</u> COUNTRY <u>BANGLADESH</u>	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: <u>Khaguradanga, Binerpata, Satkhira</u>	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <u>162cm</u>	WEIGHT <u>60kg</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>78b/min</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/9</u> <u>6/6</u>	LEFT EYE <u>6/9</u> <u>6/6</u>
HEARING:		RESPIRATION <u>19b/min</u>	
RT. EAR <u>my</u>		LEFT EAR <u>my</u>	
COLOR TEST TYPE: BOOK ☐ LANTERN ☒ IS COLOR TEST NORMAL? ☐ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)			
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☒ NO ☐			
HEAD AND NECK <u>Normal</u>		HEART (CARDIOVASCULAR) <u>Normal</u>	
LUNGS <u>Normal</u>		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes.</u>	
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>			
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☒ NO ☐			
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 ☐ NO ☒			
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 ☐ NO ☒			
SIGNATURE OF APPLICANT <u>MAMUN</u>		DATE OF EXAMINATION <u>12 MAR 2024</u>	EXPIRY DATE <u>11 MAR 2026</u>
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>MAMUN ABDULLAH AL</u>			
FIT FOR DUTY ON BOARD SHIP			
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 <u>DR. MIR MD RAIHAN MBBS, DFM</u>			
ADDRESS <u>RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230</u>			
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>DG SHIPPING BANGLADESH</u>			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>06 MAY 2014</u>			
SIGNATURE OF PHYSICIAN <u>[Signature]</u>		DATE <u>12 MAR 2024</u>	

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.

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).

12 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

ID NO : 24030311

Date : 12/03/2024

Patient's Name : ABDULLAH AL MAMUN

Age : 28Y 6M 8D

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 9434

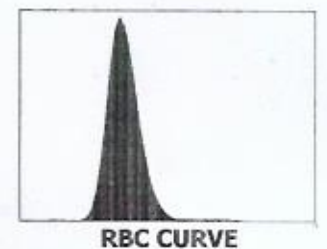
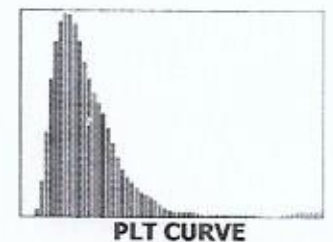
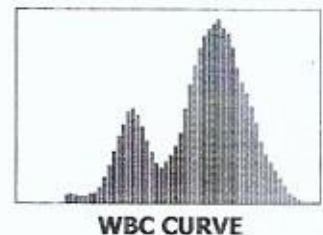
Sex : Male

Specimen : Blood

(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	07	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	9,900	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	68	%	(40 - 75)%
Lymphocytes	22	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	396	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	202,000	/cumm	1,50,000-4,50,000 /cumm
MPV	15	fL	7.0 -11.0 fL
PDW-CV	17.6	%	10 - 18 %
PCT	0.3	%	0.10 - 0.28
P-LCR	57.9	%	9.00 - 45.00%
P-LCC	117	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.52	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	50.3	%	M: 40-54%, F: 37-47%
MCV	91	fL	76-94 fL
MCH	27.2	pg	27-32 pg
MCHC	29.9	g/dL	29-34 g/dL
RDW SD	58	fL	30.0-57.0 fL
RDW CV	18.9	%	10-16%



Checked By.....
Medical Technologist.
Radical Hospital Ltd.
Uttara, Dhaka.


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

Bill No	DIA24030311	Received Date	12/03/2024
Patient's Name	ABDULLAH AL MAMUN		
Patient's Age	28Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9434
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	24 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun

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

Bill No	DIA24030311	Received Date	12/03/2024
Patient's Name	ABDULLAH AL MAMUN		
Patient's Age	28Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9434
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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RADICAL

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	DIA24030311	Received Date	12/03/2024
Patient's Name	ABDULLAH AL MAMUN		
Patient's Age	28Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9434
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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

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

Bill No	DIA24030311	Received Date	12/03/2024
Patient's Name	ABDULLAH AL MAMUN		
Patient's Age	28Y 6M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9434
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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 Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun

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

DEPARTMENT OF RADIOLOGY & IMAGING

Id No. : 24030311

Print : 12/03/24 10:01 PM

Name : ABDULLAH AL MAMUN

Age : 28Y 0M 0D

Sex:

Male

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

EELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 112 b/min

Rhythm : Regular

P-Wave : Normal

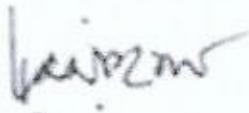
P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Isoelectric

T. Wave : Normal

Impression : Sinustachycardia


Dr. Md. Akhtaruzzaman

MBBS. MD (Cardiology)

Assistant Professor, Cardiology

Mugda Medical College Hospital, Dhaka

ID: 24020576

12-03-2024 13:10:16

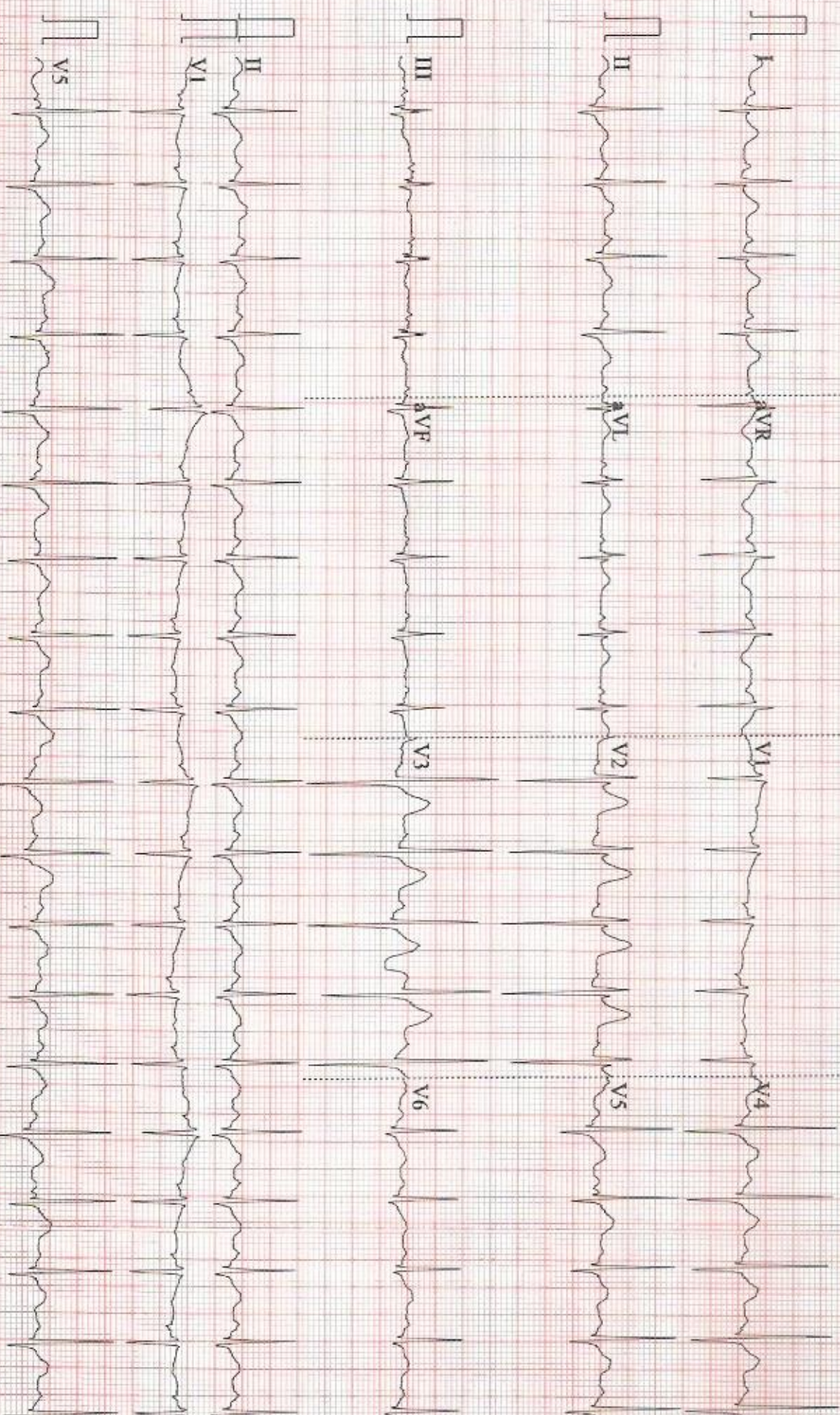
Abdullah Al-Mannan
Male 28 Years

HR	: 112	bpm
P	: 92	ms
PR	: 124	ms
QRS	: 90	ms
QT/QTc	: 316/432	ms
P/QRS/T	: 34/36/13	°
RV5/SV1	: 1.437/0.835	mV

Diagnosis Information:

Sinus tachycardia
Possible right ventricular hypertrophy
Borderline ECG

Report Confirmed by:



0.67-100Hz AC50

25mm/s

10mm/mV

4*2.5s+3r

SE-1200Express V2.21

Glasgow V28.6.0

Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24030311	Receive: 12/03/2024	Print: 12/03/2024
Patient's Name	: ABDULLAH AL MAMUN		
Age	: 28 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

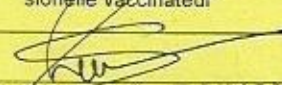
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

ABDULLAH AL MAMUN

This is to certify that
JE Soussigne' (e) certifie que | date of birth
no' (e) le | 04-Sep-1995 | Sex | MALE.

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
12 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Rajshahi Hospital Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 la seconde injection.

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

De 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.

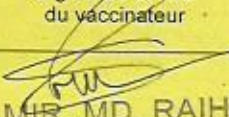
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

ABDULLAH AL MAMUN

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth
no' (e) le 04-SEP-1995 Sex MALE
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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
12 MAR 2024	 DR. MR. MD. RAIHAN MBBS (DU), DPM, CCD (Siderm), PGD (Cholera) BMDC A-55144, MMC-BGD-018 2DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
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 employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre où a eu lieu la vaccination 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 revaccination, ou, à compter de dix ans, le jour de cette revaccination.

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

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