

HAQUE & SONS LTD.

Tel: +880 31 716214-6, Fex: +880 31 710530



Accredited By : BMDC

Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBE	R:
HSL-004165	

	IE NO.	FIRST NA	ME				MIDDLE N	AME		
	RASHID	THE PERSON NAMED IN	The state of the s	ARUN (DR			NO.1176-1		
	ND DATE OF BIRTH	PASSPOR	RT NUMBE				SEAMAN'S	BOOK NUM	BER	
	haka 15-Oct-1991 ALITY: BANGLADESHI SEX:	F2 14-1-		483571				CO79	67	
	ENT HOME ADDRESS :	☑ Male	☐ Female	e VE	SSEL TYP	CONT.	M/OIL TANKER	TRADING A		ORLD V
						CONTA	CT NUMBER	1677	7540659	
Mohis	hashi,P.O: Sanora (1800), P.S: Dh	amrai, Dist:	Dhaka,Ban	glades	h	RANK :			2ND OFF	ICER
									1012/10	
Have y	ou ever had any of the following con	ditions?				72			-11-5	
	Condition	YES	NO		Conditio	n			YES	NO
1	Eye/vision problem		E -	18	Sleep pro					-
2	High blood pressure			19	Do you s					1
3	Heart/vascular disease			20	Operation					
4	Heart surgery			21	Epilepsy/	seizures			0	3
5	Varicose veins	. 🗆	D/	22	Dizziness					
6	Asthma/bronchitis		□,	23	Loss of c	onscious	ness			U.
7	Blood disorder			24	Psychiatr					
8	Diabetes			25	Depressi					4
9	Thyroid problem	D	الما	26	Attempte	d suicide				
10	Digestive disorder	0		27	Loss of n					T.
11	Kidney problem		19	28	Balance					
12	Skin problem		工	29	Severe h		s		ā	G/
13	Allergies		í, .	30	Ear/nose				0	الق
14	Infectious/contagious diseases			31	Restricte					
15	Hernia			32	Back pro					
16	Genital disorders		5	33	Amputati					<u>-</u>
17	Pregnancy	0	AM	34	Fractures		one			
35	Have you ever been signed off as	sick or report	riated from	a shin?					YES	NO
	Have you ever been signed off as	sick or repat	riated from	a ship?						
36 37	Have you ever been hospitalised?									
38	Have you ever been declared unfil									
39	Has your medical certificate ever to									0
	Are you aware that you have any r	nedical prob	lems, disea	ses or il	Inesses?					9
40 41	Do you feel healthy and fit to p	erform the d	duties of you	ur desig	nated posi	tion/occu	pation?		9	
Comme	Are you allergic to any medication:	The second second second		Station of the	7				D	8
VE2531 (6)	FIT FOR	DUTY O	BOARE	SHIF						
42	Are you taking any non-prescriptio	n or prescrip	tion medica	tions?						4
f yes, p	please list the medications taken and	the purpose	e(s) and dos	age(s)		300		181 I		
								27.0		7.
								Trans-		7

Revision: 5.1

		Vis	ual acuity		T			Vis	ual fields	
# Th	1000	Jnaided	Aix	ded			Nor	Normal		Defective
	Right eye	1 1	Right eye	L	eft eye					ocicolive .
Distant Near	6/1	066				Right e				
	meets the s	tandard laid dos	wn in STCW Code	Section	n Δ-1/9	XES /				7
		W CODE Secti				□ Doubtfi		Defecti	ue	
001001 4131011	as per o re	W OODL OCCU	1	3 AP	R' 2023	C Doubli		refects	***	
Date of last of	colour vision	test: Date (day/	/month/year)		1					
				GALLET ST	William Co.					
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110.00			Normal Abnor		14	211 (0092097			Normal	
Head						se veins			9	
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Tympanic membrane						n)				
Eyes										
Opthalmosco	ору		B 0			and lower exti	remities			
Pupils						(C/S, T/S and			(I)	LI
Eye moveme			G . D			logic (full brief)	Y		(J	
Lungs and d					Psych					
Breast exam	ination		NAV 0			al appearance			13/	
Heart				E .	Skin				0	
				Sugar.					-	- 530
ESULTS OF	ANCILL ARV	EXAMINATION	JS.		1	- V				
Chest X-Ray		MAN	BIO CHEMICAL	L (LIV	ER FUNC	TION TEST)	Marijuana	To	Positive I	Negative
ECG		WH	BILIRUBIN	1	0.	7	Alcohol Test			Negative
	BLOOD R	E	SGPT		2	6	URINE R/E		1	M
DC(different		MAN	SGOT		2	7			IERS	
HAEMOGLO	and the second s	135			LCOHOL		HBsAg			Nonreactiv
ESR (WEST	ERGREN)	10	Morphine			Negative	HIV / AIDS Test			□ Nonreactive
WBC		X.600	Amphetamine			Megative	VDRL		Reactiv	Nonreactiv
	D GLUCOS	E LEVEL	Phencyclidine			Negative	Blood Type	_	1	71/2
RANDOM		2.4	Barbiturates	_		Negative Negative	Psychological Ex-		1	11/2/
HBA1C		1.5-0/	Cocaine	[0]	USILIVE	Ivegative	Torrier styrop orga	150	_//	12
ereby I declare	that I am in	knowledge of t	he contents of the	Physic	cal examir	nations:	la temperatura		40.00	
, Ar		and of	and the second			2010 COTO			13 A	PR 2023
Den	tu			MD.	HARUN (OR RASHID			10	2023
gnature of Sea	afarer			- 1	Name of S	Seafarer				Date
		service at sea:		Uge V		A STATE OF THE STATE	San			
	the examine	e s personal de	claration, my clinica	ai exa	mination a	and the diagno	suc test results rec	orded	above, I d	eciare the
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		Dec	\sim	I	Engine ser		Catering service			ther services
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the basis of saminee medical transfer in the Seafarer indanger the he	Without free from an ealth of other	t restrictions y medical condi	tions likely to be agard?	ggrava	With	restrictions	Catering servic	e	Ot	0
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t the basis of saminee medical transfer to the Seafarer and anger the here secribe restrictions.	Withouter free from an ealth of other stions (e.g., stions	t restrictions y medical condit r persons on bo	tions likely to be agard? Yes ype of ship, trade	ggrava	With	restrictions	Catering service	e arer un	of the such	0
the basis of saminee medical transfer medical transfer the Seafarer and anger the here secribe restrictions.	Withouter free from an ealth of other stions (e.g., stions example)	t restrictions y medical condit r persons on bo	tions likely to be agard? Yes yes type of ship, trade	ggrava	With wited by se	restrictions	Catering service	e	of the such	0
affit the Seafarer adanger the he	Withouter free from an ealth of other stions (e.g., stions example)	t restrictions y medical condit r persons on bo	tions likely to be agard? Yes ype of ship, trade	ggrava	With wited by se	restrictions rvice at sea or	Catering service	e arer un	of the such	0

In Accordance with Medical Examination (Section 1950 Werhle 1940 and STCW 1978/1996 as Amended, MLC 2006 DG Shipp.ng Bangladesh Approved Revision Date : 24

General Physician Radical Hospitals Limited Revision Date: 24th July 2022

Revision: 5.1

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

	UDLIC OF LIDERIA	
LAST NAME OF APPLICANT RASHID	FIRST NAME MD. HARUN OR	MIDDLE INITIAL
DATE OF BIRTH	PLACE OF BIRTH	SEX
MONTH OCT DAY 15 YEAR 1991	CITY: DHAKA COUNTRY: BANGLADESH	MALE FEMALE
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF APPLICANT:	-
MASTER □ RATING □	VILL:VILL:MOHISHASHI,P.O: SANORA (1800).	
MATE ✓ MOU DECK		
ENGINEER		
RADIO OFF SUPERNUMERARY]	
MEDICAL EXAMINATION (SEE REVERSE SIDE FO	OR MEDICAL REQUIREMENTS) STATE DE	TAILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	RESPIRATION, GENERA	L APPEARANCE
173000 73/42 20/80 mg +	8 5/mi 19 5/min	aver
WITHOUT GLASSES WITH GLASSES	(
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 1 3 AP	2023 Testing Required every 6 years	
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-		
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TES	T IS NORMAL YELLOW AND RED AND	GREEN MY BLUE W
HEARING: RT. EAR	LEFT EAR WM	
HEAD AND NECK	HEART (CARDIOVASCULAR)	
mondia	ILIAKI (CAKDIOVASCULAK)	Nonm
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICE	ER AND RADIO OFFICER)
non	IS SPEECH UNIMPAIRED FOR NORMAL	VOICE COMMUNICATION?
EXTREMITIES:		
UPPER WOW	LOWER Y	Jonne
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?		
Danian	1 3 APR 2023	1 2 APR 2025
SIGNATURE OF APPLICANT	DATE OF EXAM E	XPIRY DATE
THIS SIGNATURE SHOULD BE AFFE	XED IN THE PRESENCE OF THE EXAMINING PHYSIC	TIAN
	ND HARIN OF PASHID	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS G	IVEN IO:	
FIT FOR DUTY O	N BOARD SHIP (NAME OF AFFLICANT)	
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (M SUPERNUMERARY).	ASTER, MATE, ENGINEER, RADIO OFFICER, RATING	G, MOU DECK, MOU ENGINE or
NAME AND DEGREE OF PHYSICIAN DR. MIR M	D , RAIHAN ; M.B.B.S (D.U), REG.NO.A-55144	G.
	AKHDUM AVENUE, SECTOR-12, UTTARA, DHA	KA-1230, BANGLADESH
NAME OF PHYSICIAN'S CERTIFICATING AUTHORA	TY DG SHIPPING BANGLADESH	2000 A 1
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	06-05-2014	
		1 3 APR 2023
SIGNATURE OF PHYSICIAN	DATE OF EXAM	
This certificate is issued by authority of the Deputy Co requirements of the Maritime Labour Conven	mmissioner of Maritime Affairs, R.L. and in or tion, 2006 for the Medical Examination of Seaf	
The Medical Certificate shall be valid for no more than		
years of age and for no more than one (1) year		
DR. MIR. MD. RAI	HAN /ical Hos	Oita/o
BMDC A-55144, MMC-BGI	0-016	JE .
DG Shipping Bangladesh Apr General Physician	S. M. O. M.C.	2006

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 scafarer'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.
- (b) 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.
- (c) 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.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) 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)

RLM-105M (REV. 06/16)

13 APR 2023

MD. RAII 4-55144, MMC-BGD-016

G Shipping Bangladesh Approved General Physician

Radical Hospitals Limited.



Id No : 0334 Date : 13-Apr-2023 D.Date : 13-Apr-2023

Patient's Name: .MD HARUN OR RASHID Age: 31Y 5M 29D Gender: Male

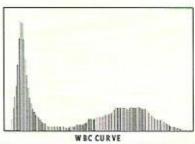
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 7967

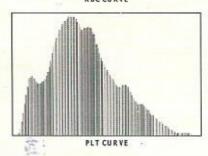
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	55 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	228 /cumm	50-450/cumm
Total RBC Count	4.44 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.4 %	M: 40-54%, F:37-47%
MCV	86.5 fL	76 - 94 fL
MCH	30.4 pg	27 - 32 pg
MCHC	35.2 g/dL	29 - 34 g/dL
RDW	12.0 %	11,- 16 %
PDW	15.0 fL	35 - 56 fl
Total Platelete Count (PC)	1,50,000 /cumm	150,000-450,000/cumm
MPV	12.6 fL	7.0 - 11.0 fL
PCT	0.126 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %.
Cloting Time(CT)	%	0.1- 0.2 %



RECCURVE



Checked By Medical Technologist

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



DIA23040334	Received	Date	13/04/2	2023
MD HARUN OR RASHID		ME ASIMBE	Y STATE OF THE STA	2011 3
31Y 5M 29D	F	Patient's	Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/7967
BLOOD	ministration (1994)			1
	MD HARUN OR RASHID 31Y 5M 29D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	MD HARUN OR RASHID 31Y 5M 29D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD HARUN OR RASHID 31Y 5M 29D Patient's Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	MD HARUN OR RASHID 31Y 5M 29D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
HbA1C	5.0 %	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 Rechnologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23040334	Receive	d Date	13/04/2	2023
Patient's Name	MD HARUN OR RASHID		30,000,000,000	2000000000	Earth Co.
Patient's Age	31Y 5M 29D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	С	DC NO	C/O/7967
Sample	BLOOD				

SEROLOGYCAL REPORT

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

OD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

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	DIA23040334	Received Dat	e 13/04/2	2023
Patient's Name	MD HARUN OR RASHID			
Patient's Age	31Y 5M 29D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/7967
Sample	URINE			1-3-10 V.61-842

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATIONCASTS / 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 Hechnologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Propoxyphene

DIA23040334	Received	Date	te 13/04/2023	
MD HARUN OR RASHID				
31Y 5M 29D	F	Patient's	Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			C/O/7967	
URINE		- Ser -		*
	MD HARUN OR RASHID 31Y 5M 29D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	MD HARUN OR RASHID 31Y 5M 29D F Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD HARUN OR RASHID 31Y 5M 29D Patient's Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	MD HARUN OR RASHID 31Y 5M 29D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

Result

Negative

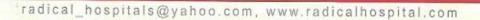
DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative

Checked By

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





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23040334

Receive: 13/04/2023

Print: 13/04/2023

Patient's Name

MD HARUN OR RASHID

Age

31 Yrs

01 110

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

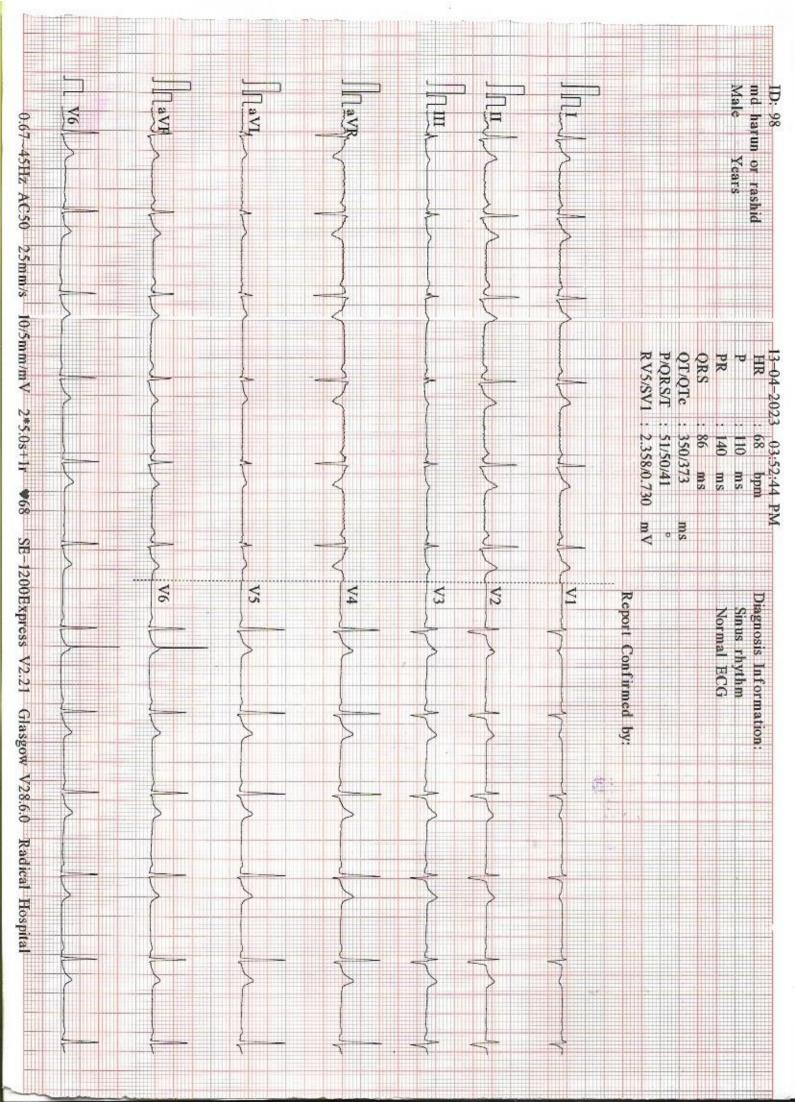
: Reveals no abnormality.

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





REF: MT. WECO MADELEINE

DATE: 13/04/2023

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

EYE EXAMINATION REPORT

NAME: MD HARUN OR RASHID RANK: 2ND OFF CDC NO: C/O/7967

VISUAL ACUITY:

RIGHT

LEFT

6/6

-0 h

UNAIDED

O.C.

AIDED

COLOUR VISION:

NORMAL / BLIND

CPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Mb. HARUN OR PASHID

This is to certify that Date of birth 15'10'1991 Sex MALE

whose signature follows

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
APR 200	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	THE LAND COMPANY	St. Sheh Makhdum Avenus Utana, Dhaka
2	-00		
3	The same of the sa	100000	3 4
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This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the 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 ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA MD. HARUN OR RASHID

Stamp	Approved	Signature and Professional	Date
by an harbitised	OR VACO	status of vaccinator	
	35, Sheh Welhdum Avenue Utuna, Oheka	DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	19h
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