

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 MAKDUM AVENUE, UTTARA, DHAKA-1230.

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

Name: KIBRIA MOHAMMED GOLAM Sex: M Serial No: _____
 Date of Birth: 01/01/1972 PP/CDC: 01012768 Rank: 2/E
 Vessel: GENCO LANGUEDOC Type: BULK Route: _____
 Home Address: 202/J. ROAD: 6, MOHAMMADI HOUSING LTD, MOHAMMAD PUR. DHAKA
 Company Name: SYNERGY

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/

Notes

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp. Rate / min	General Condition							
165cm	69kg	124cm	120/80mm	78b/min	14b/min	Good								
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear					
	Other	Normal	Abnormal											

Systemic Examination

	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS 2ND ENGR 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	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	12.6 gm%	14-16 gm %	Colour
Total WBC count	8.400 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 68 % Lymph 27 % Eos 02 % Bas 02 %			pH
Malan parasite	Not Found		Albumin
ESR	23 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	23 U/L	9-43 U / L	Bile pigment
S.Cholesterol	175 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	175 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 111 PPBS	upto 125 mg %	RBC cells
HbsAg	Not Found		Leucocytes
HIV 1 & II	Not Found		Others
VDRL	Not Found		
Others		GGTP U/L	
Blood Group			

ECG: NORMAL TMT: NIE

X-Ray Chest: NORMAL

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, 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: 20 APR 2025

Candidate's Signature: Kibria

Date: 21 APR 2023



Doctor's signature: Dr. MIR MD Raihan

DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Biom), PGD (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
 Radical Hospitals Limited

04.2023.3803

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME	KIBRIA	GIVEN NAME(S)	MOHAMMED GOLAM
DATE OF BIRTH	01 MONTH 01 DAY 1972 YEAR	PLACE OF BIRTH	BANGLADESH
		CITY	DHAKA
SEX			☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLICANT:	
MASTER ☐		H: 202/j. R: 06, MOHAMMADI HOUSING LTD	
DECK OFFICER ☐		MOHAMMAD PUR. DHAKA.	
ENGINEERING OFFICER ☒			
RADIO OFFICER ☐			
RATING ☐			

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
166cm	69kg	120/80mm	78b/min	16b/min	Good
VISION:	RIGHT EYE	LEFT EYE	HEARING:		
WITHOUT GLASSES	6/6	6/6	RT. EAR		
WITH GLASSES			LEFT EAR		
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			HEART (CARDIOVASCULAR)		
Normal			Normal		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)		
Normal			IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒		
EXTREMITIES:					
UPPER			LOWER		
Normal			Normal		
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	21 APR 2023	20 APR 2025
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		
NAME OF APPLICANT (SURNAME, GIVEN NAME(S))		
KIBRIA MOHAMMED GOLAM		
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 MAKHIDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 08 MAY 2014		
SIGNATURE OF PHYSICIAN		
21 APR 2023		
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)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
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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 certified 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).


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.

21 APR 2023

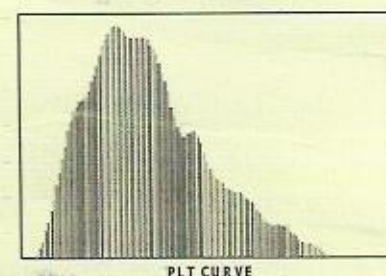
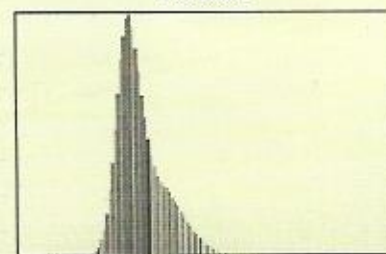
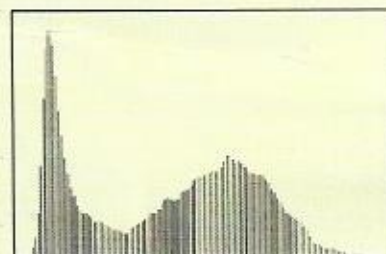


Id No : 0520 **Date** : 21-Apr-2023 **D.Date** : 21-Apr-2023
Patient's Name : MOHAMMED GOLAM KIBRIA **Age** : 51Y 3M 20D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2768

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.6 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	07 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	6,400 /cumm	
Differential WBC Count (DC)		
Neutrophils	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	128 /cumm	50-450/cumm
Total RBC Count	4.24 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	32.9 %	M: 40-54%, F:37-47%
MCV	77.6 fL	76 - 94 fL
MCH	29.7 pg	27 - 32 pg
MCHC	38.3 g/dL	29 - 34 g/dL
RDW	11.3 %	11 - 16 %
PDW	17.0 fL	35 - 56 fL
Total Platelete Count (PC)	98,000 /cumm	150,000-450,000/cumm
MPV	11.6 fL	7.0 - 11.0 fL
PCT	0.114 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %




Checked By
 Medical Technologist


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

Bill No	DIA23040520	Received Date	21/04/2023
Patient's Name	MOHAMMED GOLAM KIBRIA		
Patient's Age	51Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2768		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	32U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 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
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23040520	Received Date	21/04/2023
Patient's Name	MOHAMMED GOLAM KIBRIA		
Patient's Age	51Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2768
Sample	BLOOD		

SEROLOGICAL REPORT

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

**RADICAL
HOSPITAL**

Checked By

[Signature]

Medical Technologists
Radical Hospitals Ltd.

[Signature]

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

Bill No	DIA23040520	Received Date	21/04/2023
Patient's Name	MOHAMMED GOLAM KIBRIA		
Patient's Age	51Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2768		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23040520	Received Date	21/04/2023
Patient's Name	MOHAMMED GOLAM KIBRIA		
Patient's Age	51Y 3M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2768
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

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

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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

Date: 21/04/2023

EYE EXAMINATION REPORT

NAME:	MOHAMMED GOLAM KIBRIA		
AGE:	51 YRS	RANK: 2 ND ENG	CDC NO: C/O/2768

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.	: 23040520	Receive: 21/04/2023	Print: 21/04/2023
Patient's Name	: MOHAMMED GOLAM KIBRIA		
Age	: 51 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

AUDIOLOGICAL REPORT

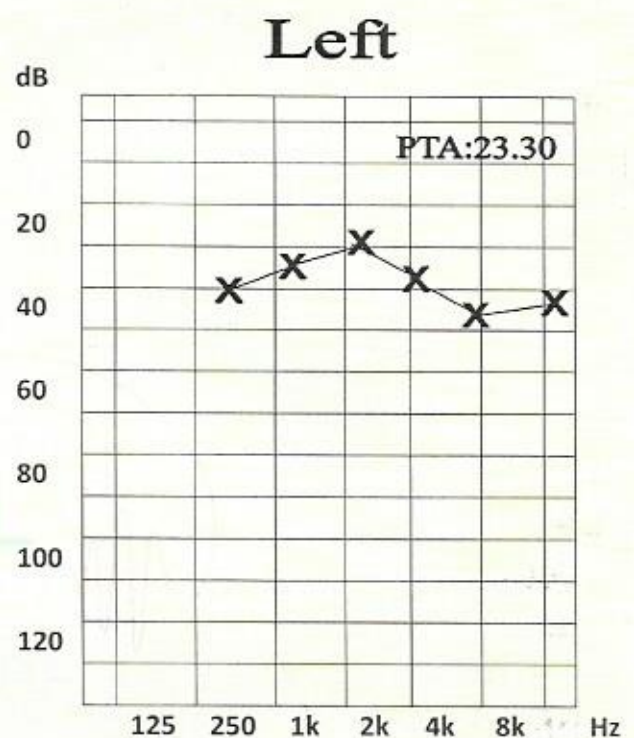
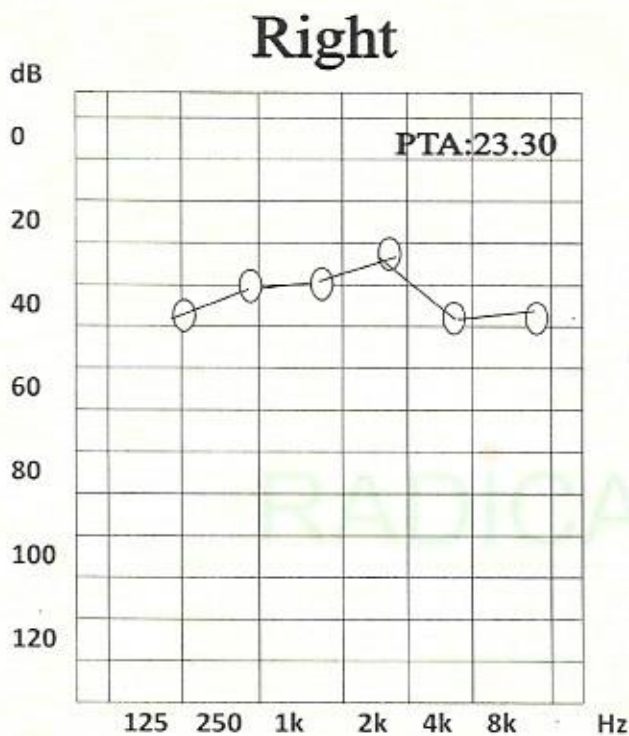
Patient Name : MOHAMMED GOLAM KIBRIA

21/04/2023

Age : 51 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.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA**

**CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE'LE CHOLERA**

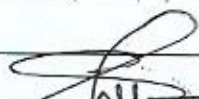
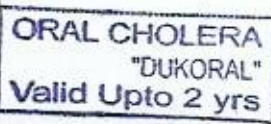
This is to certify that **MOHAMMED GOLAM KIBRIA** D.O.B } **01-01-1972** sex } **MALE**
 Je soussigne (e) certifie que ne(e) le } sexe }

whose signature follows
dont la signature suit }

G. Kibria

has on the date indicated been vaccinated or revaccinated against Cholera a etc vaccine (e) ou
revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional Status of vaccinator Signature et qualite Prof- essionnelle du vaccinateur	Approved Stamp Cachet d' authentication	
1	 	1	2
26/07/19			

2	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	3	4
			
3		5	6
4		7	8

The Validity of this Certificate for a period of six months.

Continued overleaf Suite our erso

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE'LA FIEVER JANUE**

This is to certify that } MOHAMMED GOLAM D.O.B } 01-01-1972 sex } MALE
Je soussigne (e) certifie que } KIBRIA ne(e) le } sexe }
whose signature follows } Kibria }
dont la signature suit }

has on the date indicated been vaccinated or revaccinated against Cholera a etc vaccine (e) ou
revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional Status of vaccinator Signature et qualite Professionnelle du vaccinateur	Origin and batch No of vaccine Origin du vaccine employe et numero du lot	Official Stamp of vaccinating centre Cachet officiel du centre de vaccination						
1 <u>26/07/19</u>		<table border="1"> <tr> <th>No Batch No</th> <th>Manufact Origin</th> <th>DU</th> </tr> <tr> <td>482529-38 OCT-2018</td> <td>20JULY-2012 FRANCE.</td> <td>10YRS PASTU COMPANY</td> </tr> </table>	No Batch No	Manufact Origin	DU	482529-38 OCT-2018	20JULY-2012 FRANCE.	10YRS PASTU COMPANY	
No Batch No	Manufact Origin	DU							
482529-38 OCT-2018	20JULY-2012 FRANCE.	10YRS PASTU COMPANY							
2									
3									

There is no exemption for the requirement of a certificate of vaccination against yellow-fever on account of age.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or in the event of a revaccination within such period of Ten years, from the date of that revaccination.

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