

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: RAHMAN MD HAMIDUR

Sex: M

Serial No: 2/E

Date of Birth: 01/10/1984

PP/CDC: C/8420

Rank: 2/E

Vessel: ASIAN ACE

Type: CONTAINER

Route: WORLDWIDE

Home Address: KALSA, SANTAHAR-5891

Company Name: ADAMICHI, BOHURA

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			
170cm	70kg	43-41	120/80/90	78/min	19/min	Good			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
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				
	Other	Normal	Abnormal		Left ear				

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	gm%	14-16 gm %	Colour
Total WBC count	cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu	% Lymph	% Eos	pH
Malanial parasite		Ba	Albumin
ESR	mm / 1st hour	1-15 mm / hr	Sugar
SGPT	U/L	9-43 U / L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS	upto 125 mg %	RBC cells
HbsAg			Leucocytes
HIV 1 & II			Others
VDRL			
Others		GGTP U/L	
Blood Group			

ECG : <u>Normal</u>	TMT: <u>N/D</u>	Drugs of Abuse: <u>Negative</u>
X-Ray Chest: <u>Normal</u>	USG: <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: 05 AUG 2023

Candidate's Signature

Date: 05/08/2023

06 AUG 2023



Doctor's signature:

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

04.2023.4530

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT <u>RAHMAN</u>			FIRST NAME <u>MD HAMIDUR</u>		MIDDLE INITIAL
DATE OF BIRTH			PLACE OF BIRTH		SEX
MONTH <u>10</u>	DAY <u>01</u>	YEAR <u>1984</u>	CITY	COUNTRY <u>BANGLA</u>	MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS:			MAILING ADDRESS OF APPLICANT:		
MASTER	☐	RATING	☐	<u>KALSA, SANTA HAR - 5891</u>	
MATE	☐	MOU DECK	☐	<u>A DAMDIHI, BOJURA</u>	
ENGINEER	☒	MOU ENGINE	☐		
RADIO OFF	☐	SUPERNUMERARY	☐		

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT <u>170cm</u>	WEIGHT <u>70kg</u>	BLOOD PRESSURE <u>120/80mm</u>	PULSE <u>78b/min</u>	RESPIRATION <u>19b/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION:		RIGHT EYE <u>6/6</u>	LEFT EYE <u>6/6</u>		
WITHOUT GLASSES					
WITH GLASSES					
DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>06 AUG 2023</u> Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES ☒ NO ☐					
COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL: YELLOW ☒ RED ☒ GREEN ☐ BLUE ☐					
HEARING: RT. EAR <u>Normal</u> LEFT EAR <u>Normal</u>					
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 SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. <u>No</u>					

SIGNATURE OF APPLICANT [Signature]

DATE OF EXAM 06 AUG 2023

EXPIRY DATE 05 AUG 2025

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

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

(NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER/MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS (DU), 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 08 MAY 2014

SIGNATURE OF PHYSICIAN [Signature]

DATE OF EXAMINATION: 06 AUG 2023

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

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

RLM-105M (REV. 12/17) **DR. MIR. MD. RAIHAN I**
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (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.
- (e) 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 seafarer deck, 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, able seafarer engine 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)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

06 AUG 2023

RLM-105M (REV. 12/17)



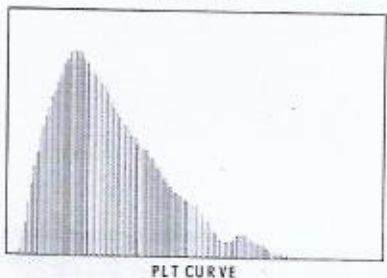
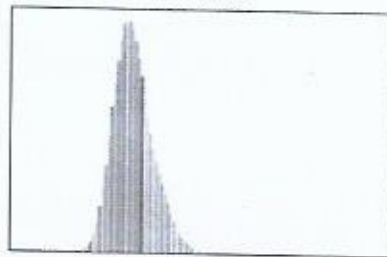
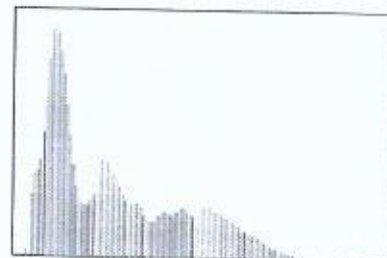

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0239 **Date** : 06-Aug-2023 **D.Date** : 06-Aug-2023
Patient's Name : MD HAMIDUR RAHMAN **Age** : 38Y 10M 3D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4920

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	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	4.33 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.2 %	M: 40-54%, F:37-47%
MCV	76.7 fL	76 - 94 fL
MCH	28.2 pg	27 - 32 pg
MCHC	36.7 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,50,000 /cumm	150,000-450,000/cumm
MPV	9.5 fL	7.0 - 11.0 fL
PCT	0.132 %	0.1 - 0.5 %
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	DIA230800239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4920		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	157 U/L	98 - 279 U/L



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	DIA23080239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4920
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

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	DIA23080239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4920
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

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	DIA23080239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4920
Sample	BLOOD		

CHEMICAL TEST

<u>TEST NAME</u>	<u>RESULTS</u>
CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

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	DIA23080239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4920
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	1-2/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	DIA23080239	Received Date	05/08/2023
Patient's Name	MD HAMIDUR RAHMAN		
Patient's Age	38Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4920		
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: 05/08/2023

EYE EXAMINATION REPORT

NAME:	MD HAMIDUR RAHMAN		
AGE:	39 YRS	RANK: 2 ND ENG	CDC NO:C/O/4920

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

GA

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

AUDIOLOGICAL REPORT

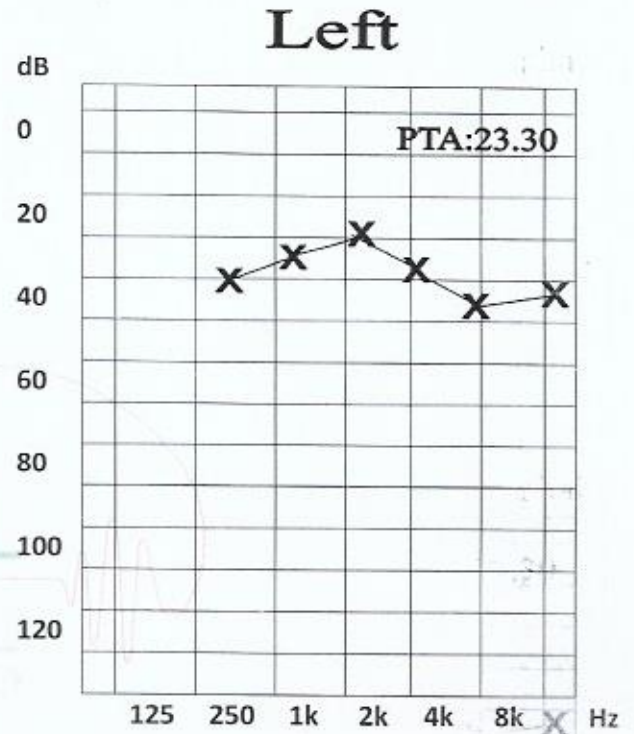
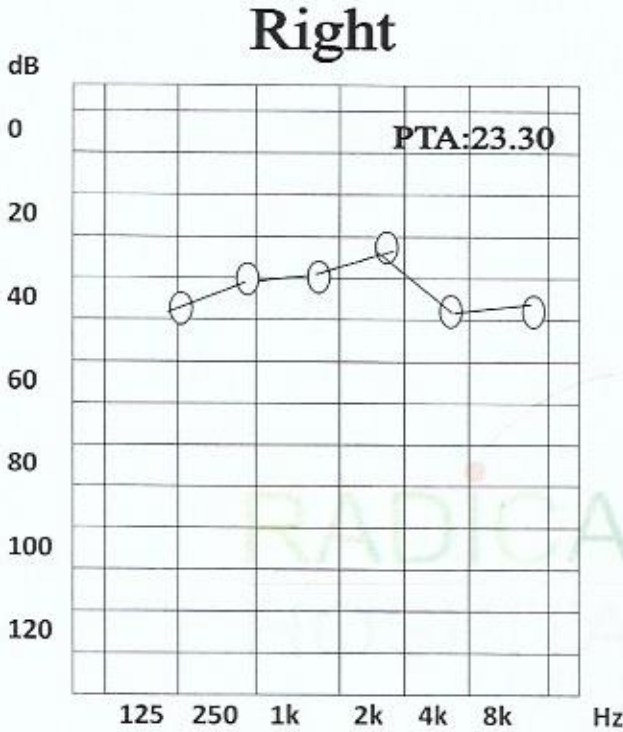
Patient Name : MD HAMIDUR RAHMAN

05/08/2023

Age : 39 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.

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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080239 Receive: 05/08/2023 Print: 05/08/2023
Patient's Name : MD HAMIDUR RAHMAN
Age : 39 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 YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD HAMIDUR RAHMAN

This is to certify that **MD HAMIDUR RAHMAN** date of birth **01/10/1984** Sex **MALE**
JE Soussigne (e) certifie que no (e) le 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 fievre jaune a la date indiquee

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
05 AUG 2023 1	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 D2 Stripping Bangladesh Approved General Physician Raihan Medical, Ltd		
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 employe a ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration de sante publique du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, 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 lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions ou'il

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

This is to certify that MD HAMIDUR RAHMAN date of birth 05/10/1984 Sex MALE
JE Soussigne' (e) certifie que 20/05 no' (e) le 20/05 sexe MALE
Whose signature follows [Signature]
dont la signature suit [Signature]
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
06 AUG 2023	<u>[Signature]</u> DR. MIR. MD. RAHMAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals 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 validite de ce certificate couvre une periode 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 certificate doit faire mention de deux injections pratiquées 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 certificate ou l'omission d'une quelconque des mentions qui y figurent compromet sa validité.