

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: ISLAM ANIK AL Sex: M Serial No: _____
 Date of Birth: 10/02/1995 PP/CDC: C/019039 Rank: 3/0
 Vessel: EM Splendour Type: Crude Oil Tanker Route: Malaysia
 Home Address: 236/5/KHA, Bhuiya Para, (FSU) (VLECC)
Nurani Mosque Road, Khilgaon, Dhaka-1219
 Company Name: Equatorial Maritime Services Pte Ltd

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
Severe one-sided headaches (Migraine)		☒		☒		☒	
Head Injury / Concussion / Loss of Memory		☒		☒		☒	
Fits / Epilepsy / Dizziness / Fainting		☒		☒		☒	
Eye / Vision Problems (Glasses, etc.)		☒		☒		☒	
Hearing Impairment		☒		☒		☒	
Ear / Nose / Throat problems		☒		☒		☒	
Stomach / Bowel disorders		☒		☒		☒	
Gall stones / Kidney disorders		☒		☒		☒	
Jaundice / Liver Disease		☒		☒		☒	
Piles / Varicose veins		☒		☒		☒	
Blood Disorder		☒		☒		☒	
Female Disorder		☒		☒		☒	
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>167cm</u>	<u>80kg</u>	<u>120/80</u>	<u>120/80/mmHg</u>	<u>78b/min</u>	<u>19b/min</u>	<u>Good</u>

Distant Vision Uncorrected 6/6 Corrected 6/6 **Field of Vision** Normal ☒ Abnormal ☐ **Audiometry** Hz 500 1000 2000 3000 4000 5000 6000 8000
 Right Ear dB 20 20 20 20 20 20 20 20
 Left Ear dB 20 20 20 20 20 20 20 20

Colour Vision Ishihara Normal Other Normal **Hearing** Right Ear 4 Left ear 4

Systemic Examination Normal ☒ Abnormal ☐ **Notes** **Enhanced GARD Medicals done**

Systemic Examination	Normal	Abnormal	Notes
Head & Neck	☒	☐	FIT FOR SEA SERVICE AS 3RD OFF AS PER MLC 2006
Eyes	☒	☐	
Ears / Nose / Throat	☒	☐	
Teeth / Oral Cavity	☒	☐	
Musculo-Skeletal system	☒	☐	
Nervous system	☒	☐	
Reflexes	☒	☐	
Skin	☒	☐	Respiratory system ☒ Cardiovascular system ☒ Per Abdomen ☒ Genito-urinary system ☒ Others ☒ Hernia / Hydrocoele ☒ Varicose Veins ☒ Fissure/Fistula/Piles ☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>16.9 gm%</u>	14-16 gm %	Colour <u>ETICW</u>
Total WBC count	<u>7.600 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity <u>N/A</u>
Neu <u>63</u> % Lymph <u>33</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> %			pH <u>5</u>
Malarial parasite	<u>Not Found</u>		Albumin <u>4</u>
ESR	<u>27 mm / 1st hour</u>	1-15 mm / hr	Sugar <u>4</u>
SGPT	<u>28 U/L</u>	9-43 U / L	Bile pigment <u>4</u>
S.Cholesterol	<u>N/A mg/dl</u>	145-260 mg / dl	Bile salts <u>4</u>
S.Triglycerides	<u>N/A mg/dl</u>	upto 200 mg / dl	Occult blood <u>4</u>
Blood Sugar	<u>85 mg/dl</u>	upto 125 mg %	RBC cells <u>4</u>
HbA1c	<u>5.7</u>		Leucocytes <u>4</u>
HIV I & II	<u>Not Found</u>		Others <u>4</u>
VDRL	<u>Not Found</u>		
Others		GGTP U/L	
Blood Group			

ECG : Normal **TMT:** N/A **Spirometry:** N/A
X-Ray Chest: Normal **Drugs of Abuse:** Negative
USG: 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, 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: 22 FEB 2025

Candidate's Signature: _____ Date: 23 FEB 2023

Official Stamp: _____ Doctor's signature: _____

DR. MIR MD. RAIHAN
 MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
 BAISO A 56144, MIMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

04.2023.3440

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>ISLAM</u>	GIVEN NAME(S) <u>ANIK AL</u>
DATE OF BIRTH 09 MONTH 10 DAY 1995 YEAR	PLACE OF BIRTH CITY <u>DHAKA</u> BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>dadaanik2@gmail.com</u> <u>236/51 KHA, Bhuiyapara, Nurani Mosque Road,</u> <u>Khilgaon, Dhaka-1213</u>

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

HEIGHT <u>267cm</u>	WEIGHT <u>80kg</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>78b/min</u>	RESPIRATION <u>19b/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>		HEARING: RT. EAR <u>MM</u> LEFT EAR <u>MM</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 Normal LOWER 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 ☒

A SIGNATURE OF APPLICANT 23 FEB 2023 DATE OF EXAMINATION 22 FEB 2025 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

ISLAM, ANIK AL

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 <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> <u>23 FEB 2023</u> 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 (Birm), PGT (Ophth)
BMDC 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).

23 FEB 2023



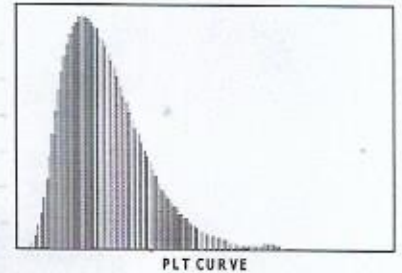
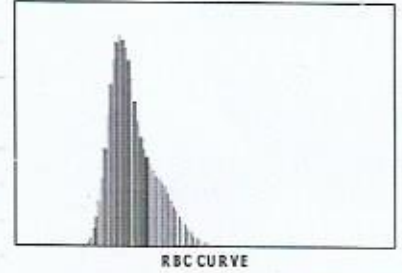
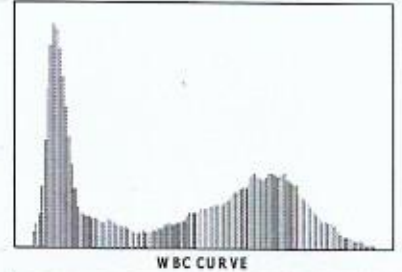

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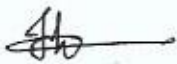
Id No : 0676 **Date** : 23-Feb-2023 **D.Date** : 23-Feb-2023
Patient's Name : ANIK AL ISLAM **Age** : 27Y 5M 13D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9039

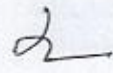
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.9 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. 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	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	152 /cumm	50-450/cumm
Total RBC Count	6.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	43.7 %	M: 40-54%, F:37-47%
MCV	72.7 fL	76 - 94 fL
MCH	28.1 pg	27 - 32 pg
MCHC	38.7 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,08,000 /cumm	150,000-450,000/cumm
MPV	8.4 fL	7.0 - 11.0 fL
PCT	0.175 %	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	DIA23020676	Received Date	23/02/2023
Patient's Name	ANIK AL ISLAM		
Patient's Age	27Y 5M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9039		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Liver Function Test		
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L

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	DIA23020676	Received Date	23/02/2023
Patient's Name	ANIK AL ISLAM		
Patient's Age	27Y 5M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9039
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBsAg (Method : (ICT))	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

Bill No	DIA23020676	Received Date	23/02/2023
Patient's Name	ANIK AL ISLAM		
Patient's Age	27Y 5M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9039
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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Patient's Age	27Y 5M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9039
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

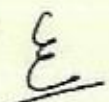
DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020676 Receive: Print: 23/02/2023
Patient's Name : **ANIK AL ISLAM**
Age : 27 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 72 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

ID: 3

23-02-2023 06:26:30 PM

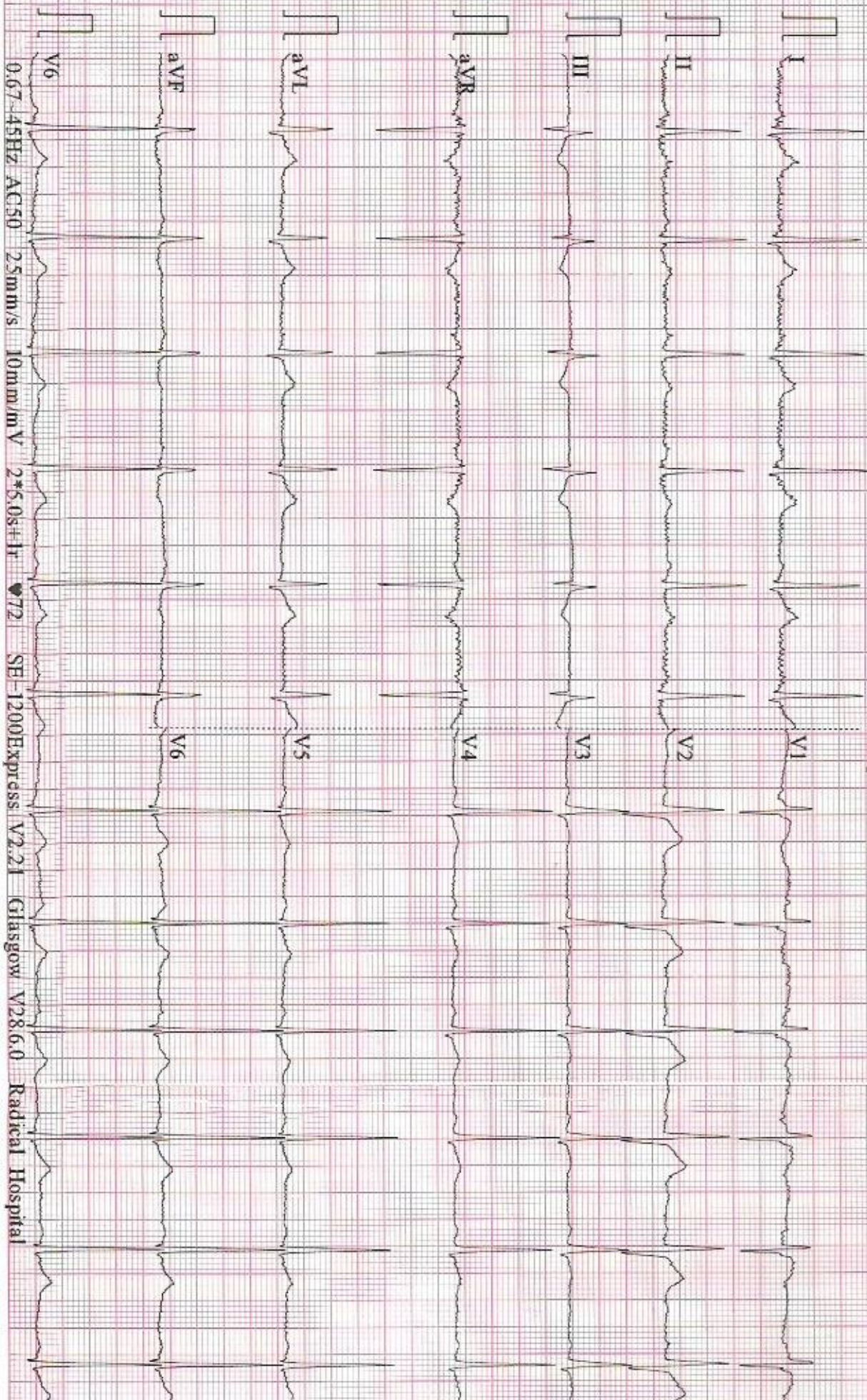
anik al islam
Male Years

HR	: 72	bpm
P	: 112	ms
PR	: 146	ms
QRS	: 98	ms
QT/QTc	: 382/418	ms
P/QRS/T	: 36/32/-4	°
RV5/SV1	: 2.035/0.886	mV

Diagnosis Information:

Sinus rhythm
Inferior ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r

72

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020676 Receive: 23/02/2023 Print: 23/02/2023
Patient's Name : **ANIK AL ISLAM**
Age : 27 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.

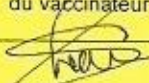


Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

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

This is to certify that ANIK AL ISLAM date of birth 10-03-1995 Sex M
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 Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
23 FEB 2023 1	 DR. MIR. MD. RAIHAN MBBS (D), DPM, CCD (Bident), PGD (Ophth) BMDG A-55144, MMC-BGD-016 2 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 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 sanitaire du territoire dans lequel ce centre est situe.

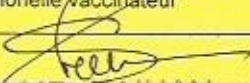
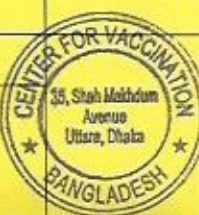
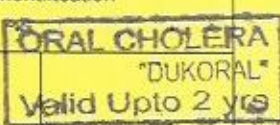
La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit etre signe par un medecin de sa propre main, son cachet officiel ne pouvant etre considere comme tenant lieu de signature.

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

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

This is to certify that ANJE AL ISLAM date of birth 10-03-1995 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
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
23 FEB 2023	 DR. MIRZA RAIHAN MBBS (DU), DPM, CCD (Birmen), PGT (Ophth) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
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 certificat couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois à compter 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 rajout sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.