



HAQUE & SONS LTD.

Rumana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
HS2479FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM	FIRST NAME MD	MIDDLE NAME SADIQUL
PLACE AND DATE OF BIRTH SATKHIRA 23-Nov-1974	PASSPORT NUMBER A00872110	SEAMAN'S BOOK NUMBER CO2479
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : TOWN SRIPUR, DEBHATA, TOWN SRIPUR-9430, SATKHIRA, BANGLADESH		CONTACT NUMBER : 008801711-063374
		RANK : 1ST ASST ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☐
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☐

If any of the above questions were answered "yes", please give details.

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 72 kg	Height (cm) 169	BMI 25.2	Blood Pressure: Systolic 130 mm Diastolic 80 mm	PULSE: 78 bpm																									
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td><td colspan="2">Audiometry</td><td colspan="2">Hearing by Whisper Test</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>☐ Adequate</td><td>☐ Inadequate</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td><td></td><td></td><td></td><td></td><td>☒ Adequate</td><td>☐ Inadequate</td></tr></table>					Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☐ Adequate	☐ Inadequate	Left	☐ Adequate	☐ Inadequate					☒ Adequate	☐ Inadequate
Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test																								
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☐ Adequate	☐ Inadequate																					
Left	☐ Adequate	☐ Inadequate					☒ Adequate	☐ Inadequate																					
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																													

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant			6/6	6/6	☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 01 FEB 2023

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>NAD</u>	SGPT	URINE R/E	
DC (differential count)	<u>NAD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>13.2</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>26</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>10.900</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	<u>5.5</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>5.5</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.4%</u>	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultraso)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

MD SADIQUL ISLAM

Name of Seafarer

01 FEB 2023

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



Fit for lookout duties



Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes

☐ No

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date:

01 FEB 2023

Valid Until:

31 JAN 2025

Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

In Accordance with Medical Examination (Seafarers Convention, 1978 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT ISLAM			FIRST NAME MD			MIDDLE INITIAL SADIQUL		
DATE OF BIRTH 11 23 1974 MONTH DAY YEAR			PLACE OF BIRTH SATKHIRA BANGLADESH CITY COUNTRY			SEX MALE FEMALE		
EXAMINATION FOR DUTY AS: MASTER RATING MATE MOU DECK ENGINEER MOU ENGINE RADIO OFF SUPERNUMERARY						MAILING ADDRESS OF APPLICANT: MUNSHIPARA, SATKHIRA SADAR, SATKHIRA HEAD OFFICE-9400, SATKHIRA, BANGLADESH.		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE								
HEIGHT 169cm	WEIGHT 72kg	BLOOD PRESSURE 130/80 mm	PULSE 78 b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good			
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES WITH GLASSES 6/6 6/6 DATE OF LAST COLOR VISION TEST (Month/Day/Year) 01 FEB 2023 Testing Required every 6 years COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☒ NO ☐								
COLOR TEST TYPE: BOOK "LANTERN" CHECK IF COLOR TEST IS NORMAL YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒								
HEARING RT EAR ☒ LEFT EAR ☒								
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal					
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? L					
EXTREMITIES: UPPER Normal LOWER Normal								
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. No								
SIGNATURE OF APPLICANT Sadiqul Islam			DATE OF EXAM 1-Feb-2023			EXPIRY DATE 31 JAN 2025		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN. THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD. SADIQUL ISLAM FIT FOR DUTY ON BOARD SHIP (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).								
NAME AND DEGREE OF PHYSICIAN DR. MIR MD, RAIHAN ; M.B.B.S (D.U), REG.NO.A-55144								
ADDRESS REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, B								
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING, BANGLADESH								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-14								
SIGNATURE OF PHYSICIAN [Signature]						DATE OF EXAMINATION 01 FEB 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. 06/16) **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



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.
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.
- (b) 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (g) 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.
- (h)

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

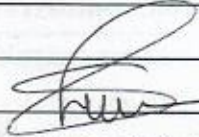
4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

01 FEB 2023

RLM-105M (REV. 06/16)



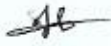

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGD (Opht)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0017 **Date** : 01-Feb-2023 **D.Date** : 01-Feb-2023
Patient's Name : MD SADIQUL ISLAM **Age** : 48Y 2M 9D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/2479

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 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)	10,900 /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	218 /cumm	50-450/cumm
Total RBC Count	3.97 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	26.1 %	M: 40-54%, F:37-47%
MCV	65.7 fL	76 - 94 fL
MCH	20.4 pg	27 - 32 pg
MCHC	31.0 g/dL	29 - 34 g/dL
RDW	15.7 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,01,000 /cumm	150,000-450,000/cumm
MPV	8.5 fL	7.0 - 11.0 fL
PCT	0.511 %	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	DIA23020017	Received Date	01/02/2023
Patient's Name	MD SADIQUL ISLAM		
Patient's Age	48Y 2M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2479
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.4 %	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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23020017	Received Date	01/02/2023
Patient's Name	MD SADIQUL ISLAM		
Patient's Age	48Y 2M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2479
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

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	DIA23020017	Received Date	01/02/2023
Patient's Name	MD SADIQUL ISLAM		
Patient's Age	48Y 2M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/2479
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

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

CHEMICAL EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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

Date: 01/02/2023

EYE EXAMINATION REPORT

NAME:	MD SADIQUL ISLAM		
AGE:	48 YRS	RANK: 1A/ENG	CDC NO: C/O/2479

VISUAL ACUITY: RIGHT LEFT

UNAIDED

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

ID: 5
Mr. Scott McCall
Male 48 Years

01-02-2023 04:47:34 PM

HR : 68 bpm

P : 90 ms

PR : 128 ms

QRS : 82 ms

QT/QTc : 376/400 ms

P/QRS/T : 55/54/45 °

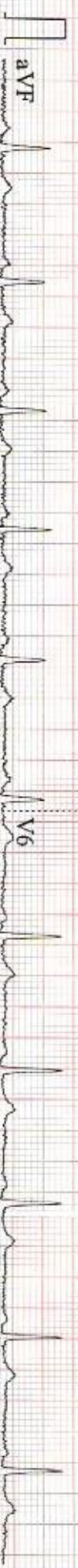
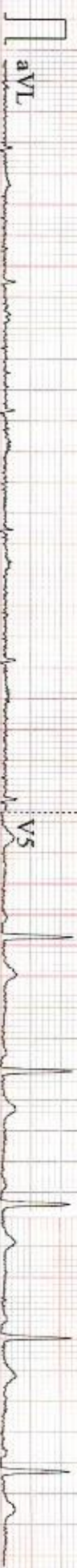
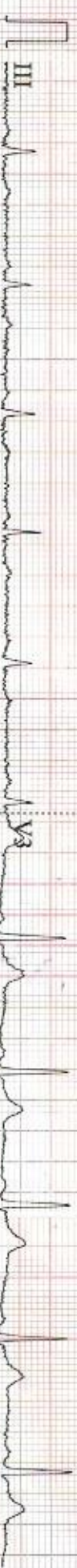
RV5/SVI : 1.160/0.949 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23020017	Receive: 01/02/2023	Print: 01/02/2023
Patient's Name	: MD SADIQUL ISLAM		
Age	: 48 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

Certificate (continued) Certificate (quite)

9

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17 NOV 2020

10

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DR. MR. MD. RAHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Upm)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
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DR. MIR. MD. RAIHAN

MBBS (Du), DFM, CCB (Sindem), PGD (Ophth)
BMDC A-55144, MMC-BGD-016
Dent Shipping, Bangladesh Approper
General Physician
e vaccine or in event of a revaccin
Radical Hospitals Limited

The Validity of this Certificate shall be for a period of two years beginning six days after the first injection or the vaccine on the day of revaccination within such period of two years on the date of that revaccination.

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.

OTHER VACCINATIONS AUTERS VACCINATION

[illegible]