



HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER

ME

Tel: +880 31 716214-6, Fex: +880 31 710530	PATIENT CONTROL
Tel: 1000 31 7102 14-0,1 Ex . 1000 31 710330	
	202194
DICAL EXAMINATION CERTIFICATE	

ACE AND DATE OF BIRTH ARRAYANOON) A-AP-1994 B0002212 SEAMANS BOOK NUMBER CO4445 TIONALITY: BANGLABSHI SEX: W Male Pennale VESSELTYPE CHEM. TANKER TRADING AREA: WORLD WILL AND ARRAYANOAD CASE. SEE NO. 53, ROAD NO. 02, BLOCK 01, VILL* NORTH MASDAIR (GABTOLI), ARRAYANOANJ DIST: NARAYANOANJ DIST: NARAYANOANJ. Have you ever had any of the following conditions? Condition YES NO. 18 Sieep problems 18 Sieep problems 19 Do you smoke? 20 Pentation/surgery 21 Epilepsy/sectures 21 Diszinass/fainting 22 Diszinass/fainting 22 Diszinass/fainting 23 Diszinass/fainting 24 Psychiatric problems 25 Depression 26 Atlempted suicide 27 Depression 28 Balance problem 28 Balance problem 28 Balance problem 28 Balance problem 29 Severe headaches 29 Balance problems 20 Earlossofthroat problems 21 Skin problems 21 Skin problems 22 Back problems 23 Back problems 24 Balance problems 25 Balance problems 27 Epilepsy/sectures 28 Epilepsy/sectures	HOSSAIN		FIRST NA	MOHA	MMAD		MIDDLE NAME	REFAYET	
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SE NO. 53, ROAD NO. 02, BLOCK- 01, WILL NORTH MASDAIR (GABTOLI), RANK : ADDITIONAL MASTER P.S. NARAYANGAN, DIST: NARAYANGANJ.			7 Male	☐ Female	VESSEL TY	PE: CHE	M. TANKER TRA	DING AREA: WO	ORLD WIDE
## ADDITIONAL MASTER FANK						CONTA	CT NUMBER :	01916-390015	(SELF)/019
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16 Genital disorders		ious diseases		2/	MANAGED BEST TEST			-	4/
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? 46 Have you ever been hospitalised? 47 Have you ever been declared unfit for sea duty? 48 Has your medical certificate ever been restricted or revoked? 49 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? For Min Md. Raihan (approved medical practioner) 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 DICAL EXAMINATION Weight Height (cm) Bits Ablood Pressure: Systolic Adequate Inadequate Inadequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate				1/					5/
Additional questions 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? (I yes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities of Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isignalify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Adequate Baidequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate				-100					2
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Hearing meets the standards as laid down in STCW Code Section A-1/9? YES NO				1/1/1	111	7700			

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scribe restrictions (e	e.g., speci	fic position,	type of ship, tra	ade are	ea):				
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tion taken by medica	ai examine	er (e.g., refe	errai):		-		04.55	D coor	
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d Revision Date : 24th July 2022

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME HOSSAIN	GIVEN NAME(S) MOHAMMAD REFAYET		
DATE OF BIRTH 04 6 1984 MONTH DAY YEAR	PLACE OF BIRTH NARAYANGANJ CITY	BANGLADESH COUNTRY	SEX
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APP HOUSE-53, ROAD-02, BL NORTH MASDAIR (GAB' NARAYANGANJ BANGLADESH	OCK- 01	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR M	EDICAL REQUIREMENTS) \$7	TATE DETAILS O	N REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE 180 M SO KS 120/SOMM 780 P	RESPIRATION AND AND AND AND AND AND AND AND AND AN	GENERAL APPEA	RANCE
VISION: WITHOUT GLASSES WITH GLASSES	HEARING:	AS LEFT E	AR ARE
COLOR TEST TYPE: BOOK LANTERN IS COL	OR TEST NORMAL?	ES No (IF "No	" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	VISION STANDARD? YE	s Not	
HEAD AND NECK //OTTOTALC	HEART (CARD	DIOVASCULAR)	mae/
LUNGS	OFFICER)	NAVIGATIONAL OFF	JI
EXTREMITIES: VOTAMUC	LOWER	Nor	mel.
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMEND	ATIONS? YES NO	· □ _	
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON B IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF	OARD? YES NO	SSEL, OR TO RENDER H	IM/HER UNFIT FOR SERVICE
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC	CATIONS? YES NO	, 🗆	
- Retriged	2 2 FEB 2023		2 1 FEB 2025
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	DATE OF EXAMINAT	ION	EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION. FIT FOR DUTY ON THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DIST SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS RADIO OFFICER / RATING / CHIEF COOK / COORESTRICTIONS:	WAS GIVEN TO: BOARD SHIP ASE (OF VIRUSES FOR COOK A MASTER / DECK	OFFICER / ENGIN	PLICANT DEERING OFFICER /
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIH.	AN; M.B.B.S(D.U.), DFM , R	EG, NO. A-55144	Intern cons
ADDRESS RADICAL HOSPITALS LIMITED 35,SHAH MAI	CHDUM AVENUE SECTOR	-12 UTTARA, DHA	NKA-1230.
NAME OF PHYSICIAN'S CERTIFICATING DO	SHIPPING BANGLADESH	2303	27 FEB
DATE OF ISSUE OF PHYSICIAN'S CHAPFICATE 06-05-20	14		
SIGNATURE OF PHYSICIAN			2 2 FEB 2023
	-al Hos	ilai	DATE:

This certificate is issued by authority of the Maritime Administrator and compression with the requirements

DR. MIR. MD of Re Medic (Namination (Scafarers) Convents
MBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

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 scafarer'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/Navigational 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/navigational 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 scafarers.

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,

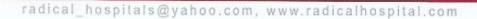
DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the mode provided in Appendix 1 of RMI MG-7-47-1).)

2 2 FEB 2023

As Per-MLC-2006

DR. MD. RAIHAN
MB8S (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited





Id No : 0636

Date: 22-Feb-2023

D.Date: 22-Feb-2023

Patient's Name: MOHAMMAD REFAYET HOSSAIN

Age: 38Y 10M 16D

Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO: C/O/4445

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	15.9 gm/dl 05 mm/1st hr	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.	
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)		eyere zeyesey zamini	
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %	All southboards
Lymphocytes	33 %	Child: 52-62 %, Adult: 20-50 %	A Dilboard III bo.
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	W BC CU R VE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A
Total Cir. Eosinophils	128 /cumm	50-450/cumm	A.
Total RBC Count	5.39 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	43.1 %	M: 40-54%, F:37-47%	III).
MCV	80.0 fL	76 - 94 fL	
MCH	29.5 pg	27 - 32 pg	
MCHC	36.9 g/dL	29 - 34 g/dL	R B C CURVE
RDW	14.0 %	11 - 16 %	ed).
PDW	19.1 fL	35 - 56 fl	All line
Total Platelete Count (PC)	1,76,000 /cumm	150,000-450,000/cumm	
MPV	10.7 fL	7.0 - 11.0 fL	
PCT	0.188 %	0.1 - 0.%	

#

Checked By Medical Technologist h

PLT CURVE

Dr. Sumaiya Khatun

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020436	Received Date	22/02/2023
Patient's Name	MOHAMMAD REFAYET HOSSAIN		
Patient's Age	38Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4445
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)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.1 %	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020636	Received D	ate 22/02/2	2023
Patient's Name	MOHAMMAD REFAYET HOSSAIN			
Patient's Age	38Y 10M 16D	Pat	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4445
Sample	BLOOD			

SEROLOGYCAL REPORT

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

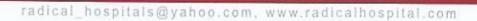
OOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Ab

Medical Technologis Radical Hospitals Ltd. 2

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





DIA23020636	Received Date		2023
MOHAMMAD REFAYET HOSSAIN			
38Y 10M 16D	Patie	nt's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC NO	C/O/4445
URINE			
	MOHAMMAD REFAYET HOSSAIN 38Y 10M 16D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	MOHAMMAD REFAYET HOSSAIN 38Y 10M 16D Patie Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MOHAMMAD REFAYET HOSSAIN 38Y 10M 16D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF		
Colo	Straw	RBC	Nil	
Appearance	Clear	Pus Cells	2-3/HPF	
Sediment	Nil	Epithelial	1-2/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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital





Bill No	DIA23020636	Received Date 22/02/202		2023
Patient's Name			O ZEIOEII	2020
Patient's Age	38Y 10M 16D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/4445
Sample	URINE	***************************************	123110	0.071113

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 Technologis Radical Hospitals Ltd.

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



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. AMAGI GALAXY

DATE: 22/02/2023

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD REFAYET HOSSAIN RANK: ADD CDC NO: C/O/4445 MASTER

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

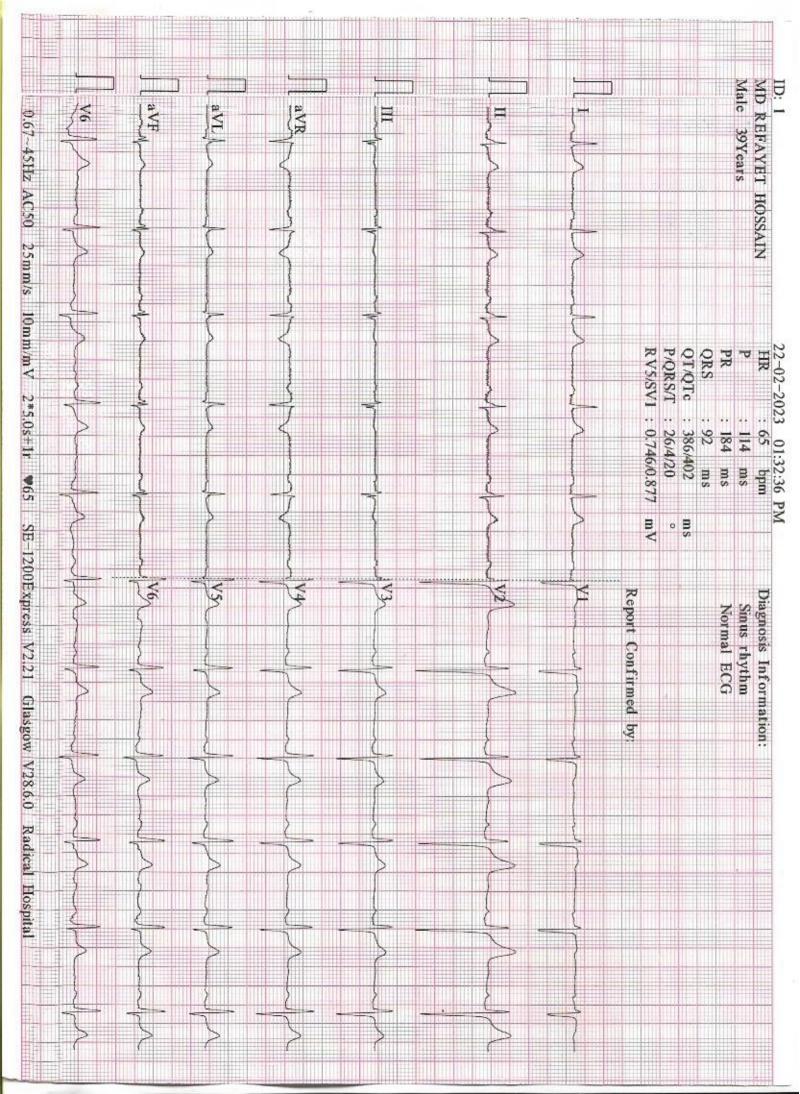
AIDED

COLOUR VISION: NORMAL / BLIND?

OPINION

JUNFIT / FIT FOR EMPLOYMENT ON BOARD

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



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020636 Receive: 22/02/2023 Print: 22/02/2023

Patient's Name : MOHAMMAD REFAYET HOSSAIN

Age : 38 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 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)
Sulbot Woman's Madical COllege Hamital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23020636	Voucher No	
Test Name	USG OF KUB	Delivery Date	22/02/2023
Patient Name	MOHAMMAD REFAYET HOSSAIN	Delivery Date	22/02/2023
Age	39 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),Co	CD(BIRDEM) PGT(Eve) DEM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.0 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.9 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 22.9 cc, regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Normal study

Dr. Asma Alimed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MOHAMMAD REFAYEAGAINST CHOLERA

This is to certify that Date of birth 26-APR 1984 Sex MALE whose signature follows

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp		
11/2	DR. MIR. MDT RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hyspirils Limited	SS, Sheh Melthdam Avenue Uttern, Dheks		
0311	DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	55, Shah Makhdum Avenue Whars, Choka # BANGLADEST		
3	DR MD RAIHAN	Stor VACCO	4	
24	MBBS (DU), DFM, CCD (Birdem), PGT (Ophn) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	Avenus Uttern, Ohalia &	A STANDARD TO A STANDARD	
5	makes masseralfrage could assess on a selection of a selection of the sele	sent con to applicate 5 to a sent sent sent sent sent sent sent sent	6	
6				
7		7	8	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that

3

Date of birth 06-APR 1024 Sex_

whose signature follows

MAN AMAD RAYE7

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

Date Signature and Professional origin and batch no, of vaccine vaccination centre

DR. MIR. MD. RAIHAN

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Brdem), PGT (Ophth)

MBBS (DU), DFM, CCD (Brdem), PGT (Ophth)

DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited.

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.