

INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997 -

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requireme	nts for the i	medical examin	ation of seafarers
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Name (last, mst, middle). Ar	IMED IQBAL				
Date of birth (day/month/year	r): 01 / 01/ 1987	Sex:	Male	• 🗆 female	
Home address: BANDUTIA,	MANIKGANJ SA	DAR			
MANIKGANJ SADAR, MA	NIKGANJ BANGI	ADESH			-
Passport No./Discharge Book	No.: BR0050265	/ CDC N	IO: T/32804		
Type of ship (container, tanke	er, passenger, fishin	ıg):			+ 1
Trade area (e.g., coastal, trop	ical, worldwide):	, .			
Examinee's personal declar (Assistance should be offered					
Have you ever had any of the	following condition	ns•			
	122	0	100 BLW		
Condition	Yes N	No /	Condition	Yes	No

Condition

Yes No Condition

1. Eye/vision problem

1. Do you smoke?

1. Epilepsy/seizures

1. Epilepsy/seizures

1. Epilepsy/seizures

1. Epilepsy/seizures

1. Epilepsy/seizures

1. Eye/vision problem

1. Eye/vision problems

1. Eye/vision problem

1. Eye/vision problem

1. Eye/vision problems

1. Eye/vision problem

1. Eye/vision problems

1. Eye/vision problem

2. Eye/vision problems

1. Eye/vision problems

2. Eye/vision problems

3. Eye/vision problems

2. Eye/vision problems

2.

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					Psychiatric problems		
15	Diabetes		X	25.	Depression		1
6	Thyroid problem		Za	26.	Attempted suicide		1
0.	Digestive disorder	П	1	27.	Loss of memory	П	1
l.	Kidney problem		1/	28.	Balance problem		1
2.	Skin problem		Z	29.	Severe headaches	Ü	1
3.	Allergies	[]	6	30.	Ear/nose/throat problems	П	1
4.	Infectious/contagious diseas	es 🗆	1	31.	Restricted mobility	[]	Z
5.	Hernia	П	1	32.	Back problems	П	
5.	Genital disorders		1	33.	Amputation	П	X
7.	Pregnancy	· 0	NA		Fractures/dislocations		2
	itional quartiens	and the second second					
dd	itional questions						
2	35. Have you ever been sign		ck or repa	atriate		No.	
202	35. Have you ever been sign 36. Have you ever been hos 37. Have you ever been decl	pitalized? lared unfit f	or sea du	ty?	ed from a ship?	100	
	35. Have you ever been sign 36. Have you ever been hos 37. Have you ever been decl 38. Has your medical certification	pitalized? lared unfit f cate ever be	or sea du	ty?	ed from a ship?	100	
	35. Have you ever been sign 36. Have you ever been hos 37. Have you ever been decl 38. Has your medical certification 39. Are you aware that you lillnesses?	pitalized? lared unfit f cate ever be have any m	for sea du een restric edical pro	ty? cted o	r revoked?	No.	
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	35. Have you ever been sign 36. Have you ever been hosp 37. Have you ever been decl 38. Has your medical certifications 39. Are you aware that you lillnesses? 40. Do you feel healthy and	pitalized? lared unfit f cate ever be have any me fit to perfor spation?	for sea du een restric edical pro rm the du	ty? cted o	r revoked?	No.	
	 35. Have you ever been sign 36. Have you ever been hosp 37. Have you ever been decl 38. Has your medical certification 39. Are you aware that you billnesses? 40. Do you feel healthy and designated position/occur 	pitalized? lared unfit f cate ever be have any me fit to perfor spation?	for sea du een restric edical pro rm the du	ty? cted o	r revoked?	No.	
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hereb	y certify	that th	e personal	declara	tion a	bove is a t	rue staten	nent to the	e best of my	knowledge.
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Witnes	sed by: (Signat	ure)		V	<u>N</u>	ame: (Typ	oed or pri	BMDC A-55	MD. RAI CCD (Birdem), PG 144, MMC-BGI Bangladesh Ap
	institutio									
	are of exa		9			Date (day			FEB 2023	
witties	sed by: (signai	ure)	Time	-		Name: (T)	vpea or pi	CIT, WILLY.	MD. RAH
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Height: <u>164</u>	(cm)	V	Veight:	2	(kg)	
Pulse rate:	(/(minute)		Rhythm: 🎉	Bula	77_	72
Blood pressure:	Systolic:_	110	(mm Hg) D	iastolic:	75	(mm Hg)
Urinalysis:	Glucose: _	NI	Pr	rotein:	vil	
	Normal	Abnormal			Normal	Abnormal
Head	A ,		Varicose veins		1	
Sinuses, nose, throat	Z1		Vascular (inc. peda	l pulses)	Xn	П
Mouth/teeth	1/1		Abdomen and visce	era	XA	
Ears (general)	2/1		Hernia		1	L)
Tympanic membrane	Z,		Anus (not rectal ex	am.)	1/2	П
Eyes	X.		G-U system		Xn	
Opthalmoscopy	2		Upper and lower ex	tremities	10	
Pupils	de		Spine (C/S, T/S and	1 L/S)	X n	
Eye movement	60	IJ	Neurologic (full bri		X	
Lungs and chest	A		Psychiatric		X	
Breast examination	NA		General appearance	2	X	
Heart /	61					
Skin	X					
	50				14	FEB 2023
Chest X-ray:	☐ Not per	formed	Performed on (da	ay/month/ye	ear):/	
Results:	6mm	al t	emt	Rac	>	
Other diagnostic test((s) and resul	lt(s):				
Test 5	raco	teri	Result /	000	Me	<i>=</i> .
Medical examiner's	comments:	FITE	OR DUTY ON BOARI) alua		
			ON BOAK	אוווס ל		
Vaccinati	on status re	corded:	· Yes	•	□ No	

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:



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J nfit				
Witho	ut restrictions 1	∩ With restrictions [1 -	
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escribe restr	ictions (e.g., specif	ic position, type of	ship, trade area)	
	nination DICAL HOSPIT Ukara, Dhaka, E		examination (day/i	
Medical certit Official stamp	ficate's date of expire	ration (day/month/y	ear): 13 FEB DR. N if not legible is (DU) BMDC A DG Shipp	MIR. MD. RAIHAN DFM. CCD (Sirdem). PGT (Ophth) 0-55144, MMC-BGD-016
Medical certit Official stamp	ficate's date of expir	ration (day/month/y	ear): DR N if not legible ps (DU) BMDC A	month/year):/ 2025 /
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Medical certif Official stamp Signature of r Authorized by	ficate's date of expire o (also print name of medical examiner: _ y: D67 SHMM	ration (day/month/y	ear): DR. M. if not legible as (DU) BMDC A DG Shipp (compe	MIR. MD. RAIHAN DEM. CCD (Birdem), PGT (Ophth) 3-55144, MMC-BGD-016 Ang Bangladesh Approved Beneral Physician ical Hospitals Limited etent authority)
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This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



SURNAME: AHMED GIVEN NAME (S): IQBAL DATE OF BIRTH: DAY 01 MONTH 01 YEAR 1987 DITY MANINGANJ COUNTRY BANGLADESH MALE FEMALE PROSITION ON BOARD. MASTER MANINGANJ SADAR SADAR MANINGANJ SADAR SADAR MANINGANJ SADAR SADAR MANINGANJ SADAR SADAR SADAR MANINGANJ SADAR MANINGANJ SADAR SAD	Ŋ	MEDICAL CERTIF	ICATE FO	OR PER	RSONNEL SERVICE ON B	OARD
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Visual acuity meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision test: (Day/Month/Year) 14 FEB/2023. Are glasses or contact lenses nocescary to meet the required vision standards? YES NO Standards? YES NO Standards is specifically standards? YES NO Standards is specifically service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO Standards is sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO Standards in Stan	Hearing meets the standa	rds in STCW Code Secti	ibn A-1/9? YI	ES Z	NO NOT APLICABL	.E 🗌
Colour vision meets standards in STCW Code, Section A-1/9? YES NO (the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Year) 14 FEB/2023. Are glasses or contact lenses necessary to meet the required vision standards? YES NO Septiment of the last colour vision test: (Day/Month/Year) NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment aking any non-prescription or prescription medications? YES NO Septiment at the latter of the formal prescription or prescription medications? YES NO Septiment at the latter of the seafarer sunfit for such service or to endanger the health of other persons on board? YES NO Septiment of the Physical Examination. Hereby I dectare that I am in knowledge of the contents of the Physical Examination. ICBAL AHMED 14 FEB 2023 ICBAL AHMED 14 FEB 2023 ICBAL AHMED DATE OF PROPERTY AS A (MASTER? / DECK OFFCIER ENGINEERING OFFICER / RADIO OPERATOR / RADINS) (NOTHER OF AND SAND SHIP) NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144 ADDRESS; RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH DATE OF PHYSICIAN'S CERTIFICATIVE OF SAND SHIPPING BANGLADESH AS SEAMIC 2006. DR. MIR MD RAIHAAN MEBS (DU) DRIV COD (Biotem) PGI (Ophth) BMDC A 55144 AMAGE SEGUE) (Ophth) AMAGE SEGUE) (Ophth) AMAGE SEGUE) (Ophth) AMAGE SEGUE)	Unaided hearing satisfact	ory? YES NO		5 (105)=	/	
(the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Year)	Visual acuity meets stand	ards in STCW Code, Sec	tion A-1/9? Y	ES_	2 NO □	
Able for watchkeeping? YES NO Separation of prescription or prescription or prescription medications? YES NO Separated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO Service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO Service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO SERVICE AS A SEA OF SEA	(the visual test it is require	ed every six years)				4
Is applicant taking any non-prescription or prescription medications? YES NO Secretary No Secret	Are glasses or contact len	ises necessary to meet th	ne required vis	sion stand	dards? YES NO NO	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO	Able for watchkeeping? Y	ES NO 🗆			ń	
Hereby I declare that I am in knowledge of the contents of the Physical Examination. IQBAL AHMED IQBAL AHME	Is applicant taking any no	n-prescription or prescript	tion medicatio	ons? YES	□ NQ □	
IQBAL AHMED IQBAL AHMED Signature of Applicant Name of Applicant Name of Applicant Name of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (FIE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: FIT FOR DUTY ON SOARD SHIP NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144 ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH DATE OF ISSUE PHYSICIAN'S CERTIFICATE: STAMP OF PHYSICIANE STAMP OF PHYSICIANE STAMP OF PHYSICIANE STAMP OF PHYSICIANE AND RAIHAN MBBS (DU) DFM. CCD (Birdem) PST (Ophth) BMD C A 55144 MMC. RGD, 0166 DR. MIR. MD. RAIHAN MBBS (DU) DFM. CCD (Birdem) PST (Ophth) BMD C A 55144 MMC. RGD, 0166	Is the seafarer free from a endanger the health of oth	ny medical condition likel ner persons on board? YE	ly to be aggra		service at sea or to render the seafar	ers unfit for such service or to
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CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (HT/ NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER ENGINEERING OFFICER / RADIO OPERATOR / RATING) (MITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: FIT FOR DUTY ON SOARD SHIP NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144 ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230. BANGLADESH NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 05-05-2014 SIGNATURE OF PHYSICIAN'S CERTIFICATE: 13 FEB 2023 EXPIRY DATE OF CERTIFICATE: 13 FEB 2025 This certificate is issued in compliance with the requirepyrous of the STCW Convention, 1978, as amended and the Maritime Labour Certificate Labour Certificate A 55144 MBBS (DU) DEM. CCD (Birdem), PST (Ophth) BMDC A 55144 AMMC BRD 046	Adat			IQBAL Á	HMED	1 4 FEB 2023
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144 ADDRESS; RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230. BANGLADESH NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014 STAMP OF PHYSICIAN STAMP OF PHYSICIAN STAMP OF PHYSICIAN AS PERMIC 2006 DATE: 13 FEB 2023 EXPIRY DATE OF CERTIFICATE: 13 FEB 2025 This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Permitting, 2006. DR. MIR. MD RAIHAN MBBS (DU) DFM. CCD (Birdem), PGT (Opth)) BMDC A 55144 MMC RED 0.016	Signature of	Applicant		Name of	Applicant 7	Date
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DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	B	BS (DU) DFM. CCD (Birdem), I MDC A 55144, MMC-B Shipping Bangladesh / General Physician	AIHAN PGT (Ophth) SGD-016 Approved		The mine Davon Christophia, 200	n.



radical_hospitals@yahoo.com, www.radicalhospital.com

Sample	BLOOD		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:T/ 32804
Patient's Age	36Y 1M 13D	Patient's Sex	Male
Patient's Name	IQBAL AHMED		
Bill No	DIA23020394	Received Date	14/02/2023

SEROLOGYCAL REPORT

Test Name

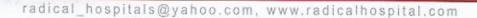
Result

HIV 1 & 2 (Method: (ICT)

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



Test Name



Bill No	DIA23020394	Received Date	14/02/2023
Patient's Name	IQBAL AHMED	received Date	14/02/2023
Patient's Age	36Y 1M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	PEM),PGT(Eve).DFM	CDC NO:T/ 32804
Sample	URINE	,. ,-,,-,,-,	000 110.17 02004

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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



Date: 14/02/2023

EYE EXAMINATION REPORT

NAME:	IQBAL AHMED		*
AGE:	36 YRS	RANK: OILER	CDC NO: T/32804

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

666

AIDED

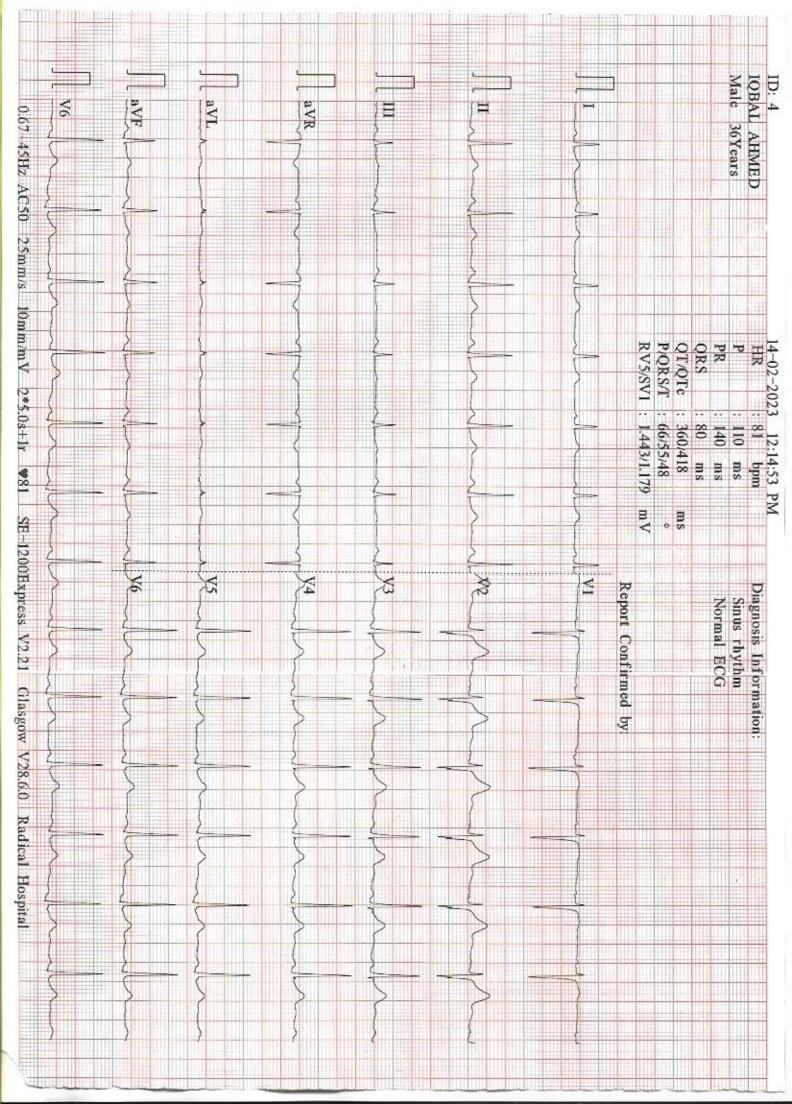
COLOUR VISION:

NORMAL/BLIND

OPINION

UNFIT- FIT FOR EMPLOYMENT ON BOARD

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



radical_hospitals@yahoo.com, www.radicalhospital.com



TREADMILLSTRESS TEST

Patient ID	23020394	Test Date	14-02-20		
Patient Name	IQBAL AHMED	Age	36 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time

: 09:10 Min

Max.HR attained

: 163 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 167 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.10METS.

Indication

: Screening for IHD.

Risk Factors

.

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

:

Summary Result ⇒

NEGATIVE

Comments

- IQBAL AHMED performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
 - Stress test was terminated because of Attainment of THR
 - ECG at rest showed no abnormality.
 - ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN

MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka





Patient ID	23020394	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	14/02/2023
Patient Name	IQBAL AHMED	122	
Age	36 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: - Normal in size cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Contracted (Post prandial). CBD is not dilated.

PANCREASE: - Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (9.1x3.2)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.3 cm, LK-9.6 cm regular in shape. 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.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen

Prostate: Normal size and regular in shape...

NB : Huge bowel gases are noted.

COMMENT: Suggestive of Normal Study.

Sonologist

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training in TVS

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020394 Receive: Print: 14/02/2023

Patient's Name : IQBAL AHMED

Age : 36 YRS Sex : M

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 81 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

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

This is to certify that

JE Soussigne' (e) certifie que

Whose signature follows
dont la signature suit

This is to certify that

date of birth

1/01/87 Sex

MALE

sexe

MALE

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.

Approved Stamp Signature and professional Cechet Date Status of Vaccinator Signature et qualite professd'authentification sionelle vaccinateur Sheh Melthdam MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Avenue BMDC A-55144, MMC-BGD-016 Uttern, Dheka 2 DG Shipping Bangladesh Approved ACCINATIO General Physician NGLAD Radical Hospitals Limited Shah Makhdum Avenue ning six days after the first -The validity of this centificate shall extend for a period of the injection of vaccine or in the event of revaccination within such remo-

Notwithstanding the above provision in the case of a pilgrim, tins 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 pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlaire mention de deux injections partiquees a sept jours d', intervaile et sa validite cofilmence lejour de la seconde, injection:

De cachet d' authentification doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu'il comporte pe ut effectersa validite,

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that	AMED ,	
JE Soussigne (e) certine que	date of birth 01/0)	1/87 Sex MALE
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 datc indiquee.

Date (N)	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
MBI 2 DO	R MIR. MD. RAIHA BS (DU), DFM, CCD (Birdem), PGT (O MDC A-55144, MMC-BGD- BS Shipping Bangladesh Appro General Physician Radical Hospitals Limited.	AN PERVISION OF THE PROPERTY O	R COR VACCING St. Shah Melakatan Avenue Utiera, Dhaka
3 4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his 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 sch 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 die signature.

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'œ centre est siture:.

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune reiaccination.u.ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allecter sa validite.