# 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.

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	the follo		, 01	u, o.	Decli	ration		ord						Declarati	-		cord
Severe one-side	d headaches (1	Migraine)			Yes	No.	Yes	No	Hernia / Hydro	mele / Ann	nendicitie			Yes	No	Yes	No
Head Injury / Co	oncussion / Lo	ss of Men	nmory			V		1	High / Low bloc			disease			-		-
Fits / Epilepsy / Eye / Vision Pro						7		1	Asthama / Brone		berculosis						-
Hearing Impairs		s, etc.)				1		-	Allergy / Skin d Infection / Con		sease				-		1=
Ear / Nose / The						V		2	Addication to al	cohol / dru	igs / toba	cco					-
Stomach / Bowe Gall stones / Kid						5		-	Fracture / Dislo Major / Minor C	cation / Ir	ijury / Am	putation			-		15
Jaundice / Liver	Disease					1		-	Diabetes						-		-
Piles / Varicose Blood Disorder	veins	_			-	1		-	Nervous / Ment Mallignant dise			sorder	-		-5		-
Female Disorde	r					1			Signed off on n			dared Un	fit		-		1
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Eyes					-1	FITE	OR	SE	SERVI	05		ratory syst			-	-	-
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Teeth / Oral Ca Musculo-Skelet			5	-		AS_S	20	2	SNO		Genito	o-urinary s	system		-		
Nervous system						AS P	ER	MLC	2006			a / Hydrod	oele		-		
Reflexes Skin			_		- Long	-			Medicals			se Veins	Photo .		-		
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S.Triglycerides		NIE	mg/dl		up	to 200 m	g /dl		Occult blood		10	10				-	-
Blood Sugar HbsAg			NI			o 125 mg	1%		RBC cells Leucocytes		NI				1	-	1
HIV I & II		1		zle				_	Others	_							1
VDRL		17	YOU	100	300				Spiromet	rv:	AVA	17	1/3	THE SECOND	1		
Others Blood Group							GGTP U	/L	-	. , .	10		1/3/	REDICA!	4	1	
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X-Ray	Chest:		_	Tree	m	1	,		USG:		-	1 mm	1124	Y TO	13/		
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Fit	Unfit		orarily u			manently			Should be re-e		San 2017 / 2019			ks / mon		edically	
Remarks /	tions		-										,		/	$\rightarrow$	
Recommenda I, Doctor's Nam		D. RATHAN	certify th	nat all inf	ormation	required	under Ai	nnexure	E & F of M.S. (M	ledical Eva	mination)	Rules 200	n is inc	ornorate	Htt this (	erMicat	ne .
This certific	ate is valid	till:	n 6 FF	B 202	5	- cqui uu		in runde c		reduces Exc	arminadon)	runes 200	JO 15 1110	7	W		-
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	7-02.	- 202	23			190	cal Ho	1	匿	- 1/3		M	DR. BBS (DI	MIR. U), DFM, C	MD.	RA em), PG	IHA IT (Oph
Date: O		0.90EE	23		18 -	*	As Per-M	ALC-200	16 Salas			M	BBS (DI	J), DFM, 0 A 551 pp.ng B	CD (Bird	em), PG IG BG esh Ap	T (Oph

04.2023.3315

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE RE	PUBLIC OF LIBERIA	A	INIVEA 2
LAST NAME OF APPLICANT A L S	FIRST NAME M.D.	MIDDLE INITIAL	YEASIN
DATE OF BIRTH	PLACE OF BIRTH	SEX	
MONTH Of DAY OF YEAR 1987	CITY PABNA COUNT	RY BANGLA MALE	FEMALE [
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF APPLIE	ANT:	
MASTER RATING	31/c, R. Sin G Dhaka-1209,	to Enida	had Showou
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ENGINEER MOU ENGINE	□ Dheka-1209	Banglades	( ·
RADIO OFF SUPERNUMERARY		0.	
MEDICAL EXAMINATION (SEE PAGE 2) STATE I	DETAILS ON PAGE 2		
HEIGHT WEIGHT BLOOD PRESSURE PULS	16 6/mg RESPIRATION	GENERAL APPEARAN	NCE V
VISION: RIGHT EYE LEFT EYE	76 9. 11 1) 9. 11	11	
WITHOUT GLASSES WITH GLASSES			
DATEOFLASTCOLOR VISION TEST (Month/Day/Year) 0 7 FE	B 2023 Testing Required every 6 years		
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE &			
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TO	EST IS NORMAL YELLOW	RED GREEN	BLUE !
HEARING: RT. EAR NM	LEFT EAR	m	
HEAD AND NECK NORTH	HEART (CARDIOVASCUL		
	CONTROL OF CIVALIANCE	Nonme	1
LUNGS		IONAL OFFICER AND RAD FOR NORMAL VOICE COM	
EXTREMITIES: UPPER Nonm	LOWER	No	onny
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOAR			
2	0 7 FEB 2023	06 FEB	2025
SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE	
THIS SIGNATURE SHOULD BE A	FIXED IN THE PRESENCE OF THE EXAM	INING PHYSICIAN.	
	MAN SIFAC	IN ALI	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS	OITENTO.		
FIT FOR DUTY ON	BOARD SHIP		
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: SUPERNUMERARY). IF EMPLOYED AS A WATCHSTAN	(MASTER MATE, ENGINEER, RADIO OF DER (HE) (SHE) IS FOUND TO BE (FIT) (N	FICER, RATING, MOU DECI OT FIT) FOR LOOKOUT DU	K, MOU ENGINE or THES?
NAME AND DEGREE OF PHYSICIAN DR. MIR M	D. RAIHAN MBBS,(DU), DFM		
ADDRESS RADICAL HOSPITALS LIMITED. 35,		SECTOR-12, UTTAR	A, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHO	RITY DG SHIPPING BANGLAD	ESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			Little Committee
SIGNATURE OF PHYSICIAN	DAT	E OF EXAMINATION	07 FEB 2023
This certificate is issued by authority of the Deputy	Commissioner of Maritime Affairs, l	R.L. and in compliance	with the
requirements of the Maritime Labour Conv			
The Medical Certificate shall be valid for no more t years of age and for no more than one (1)		THE REAL PROPERTY.	over 18
RLM-105M (REV. 12/17) DD AND AND D	1	dical Hospitale	
MBBS (DII) DEM CCD (Bindows) DC	T (ALEKE)	adical Hospitals	
DMI 8 - 2-25144 \$4440-0-6	Parallel Control	As Por III o good in	
DG Shipping Bangladesh Ar General Physician Radical Hospitals Limit		As Per-MLC-2006	= 1

#### 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. Complete	d Physical Ex	camination	

02. Pathological Test

03. Radiological Test

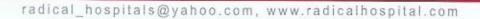
04. Ophthalmology Examination For VA & CV

07 FEB 2023

RLM-105M (REV. 12/17)

As Per-MLC-2006 \*

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





Id No : 0197

Patient's Name: MD YEASIN ALI

Specimen : Blood

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

Date: 07-Feb-2023

Age: 36Y 1M 0D

D.Date: 07-Feb-2023

Gender: Male

CDC NO:C/O/5163

## Haematology Report

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

Parameter Name	Results	Reference Range	"
Hemoglobin (Hb)	<b>14.7</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	<b>7,700</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	*
Differential WBC Count (DC)			
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	38 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	154 /cumm	50-450/cumm	
Total RBC Count	4.99 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	42.1 %	M: 40-54%, F:37-47%	
MCV	84.4 fL	76 - 94 fL	
MCH	<b>29.5</b> pg	27 - 32 pg	
MCHC	34.9 g/dL	29 - 34 g/dL	
RDW	12.5 %	11 - 16 %	
PDW	18.3 fL	35 - 56 fl	
Total Platelete Count (PC)	2,06,000 /cumm	150,000-450,000/cumm	
MPV	9.4 fL	7.0 - 11.0 fL	
PCT	0.194 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	1 12

Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23020197	Received Date	07/02/2023
Patient's Name	MD YEASIN ALI		
Patient's Age	36Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	RDEM),PGT(Eye),DFM CE	DC NO:C/O/5163
Sample	Blood	THE STORES OF TH	

# 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)	31 U/L	Up to 40 U/L
Serum AST (SGOT)	18 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	137 U/L	98 - 279 U/L

## REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Chacked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun BBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Sample	Blood		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM CD	DC NO:C/O/5163
Patient's Age	36Y 1M 0D	Patient's Sex	Male
Patient's Name	MD YEASIN ALI		
Bill No	DIA23020197	Received Date	07/02/2023

# SEROLOGYCAL REPORT

Test Name Result

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



Checked By

Medical Technologis Radical Hospitals Ltd. Xan

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



TEST NAME

Sample	Blood		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM CD	OC NO:C/O/5163
Patient's Age	36Y 1M 0D	Patient's Sex	Male
Patient's Name	MD YEASIN ALI		
Bill No	DIA23020197	Received Date	07/02/2023

## CHEMICAL TEST

	-07 VAROUS-10000 110 110 110 110 110
CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Chricked By

Medical Technologis Radical Hospitals Ltd. do.

RESULTS

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



Sample	URINE		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(	BIRDEM),PGT(Eye),DFM C	DC NO:C/O/5163
Patient's Age	36Y 1M 0D	Patient's Sex	Male
Patient's Name	MD YEASIN ALI		
Bill No	DIA23020197	Received Date	07/02/2023

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-2/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

Clacked 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



Sample	URINE		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	IRDEM),PGT(Eye),DFM CE	DC NO:C/O/5163
Patient's Age	36Y 1M 0D	Patient's Sex	Male
Patient's Name	MD YEASIN ALI		
Bill No	DIA23020197	Received Date	07/02/2023

Result

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

	resuit
Drug Level of Urine	Hate
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



Date: 07/02/2023

# EYE EXAMINATION REPORT

NAME:	MD YEASIN ALI			
AGE:	36 YRS		RANK: 2 <sup>ND</sup> ENG	CDC NO: C/O/5163
VISUAL	ACUITY:	RIGHT	LEFT	

UNAIDED

AIDED

COLOUR VISION: NORMAL/BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

6/6

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

# **AUDIOLOGICAL REPORT**

Patient Name : MD YEASIN ALI

07/02/2023

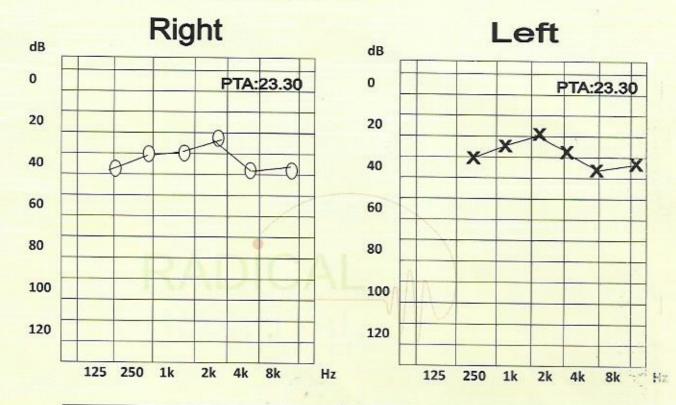
Age

:36 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.

Air Unmasking OX	Right Ear	Left Ear
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX	***************************************	
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

Age

23020197

Receive:07/02/2023

Print: 07/02/2023

Patient's Name

MD YEASIN ALI

36 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 AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION

W 19	CON IRE LE CHOLER	<u>8A</u>
This is JE Sou Whose dont la	signature follows signature suit	against cholera
a e'te'	vaccine (e) ar revaccine' (e) contre le fievre jaune a i	a date malquee.
Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
2300	DR. MIR. MDD PARTAN  MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  BMDC A- 55144, MMC- BGD- 016  BG Shipping Bangladesh Approved  General Physician  General Physician	Stois Michidium Aversus Uttern, Utholia  **  **  **  **  **  **  **  **  **
3 2 MAY	off with	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
The injecti revace	MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC BGD 016  BMD C A-55144, MMC BGD 016  e validity of linguistic physicial extend for a period of vaccination.  twithstanding the above provision in the case of a pillons have been given at an interval of seven days and its	design time certificate shall indicate that two

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 perforned.

Any amendment of this certificate or crasure 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 effectuce. j

Toute correction ou rahfe sur le certificate ou 1 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

MD. YEAS/WALI

This is to certify that
JE Soussigne' (e) certifie que
Whose signature follows
don't la signature suit

MD. YEAS/WALI

date of birth of JAN 1987sex MALE
sexe

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	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
DF MBB:	L. MIR. MD. RAIHA  (DU), DFM, CCD (Birdem), PGT (Opt DC IA-155 144, IMMC-18GD-0  Shipping Bangladesh Approv General Physician Radical Hospitals Limited	th)	Seor Vaccay  State Mathematic  Avenue  Utters, Dhalts  #  BANGLADEST
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 often 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" uaiilf, alion ae" tc'tra6fiille pali-aminstralion sanitaire du (erriloire dans loquol'oe 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 rejaccination ou., a.-citto lie,lio,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar 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 allector sa validite.