

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: **WAHID IMRANUL**

Sex: **MALE** Serial No:

Date of Birth: **01 / 11 / 1992**

PP/CDC: **T/35236**

Rank: **WIPER**

Vessel: **BRILLIANT JEWEL**

Type: **CRUDE OIL TANKER**

Route: **WORLD-WIDE**

Home Address: **VALUKA CHANDBUR. VALUKA CHANDBUR. SATKHIRA SADAR, SATKHIRA**

Company Name: **BEYOND SHIP MANAGEMENT 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	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Vascular veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/

Notes

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
167cm	62 kg	91	210	120/70mm	78b/min	18b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20	20				
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20	20				
Colour Vision	Ishihara	Normal	Abnormal		Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal											

Systemic Examination

Normal / Abnormal

Notes

Normal / Abnormal

Head & Neck	/	FIT FOR SEA SERVICE AS WIPER AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	/
Eyes	/		Cardiovascular system	/
Ears / Nose / Throat	/		Per Abdomen	/
Teeth / Oral Cavity	/		Genito-urinary system	/
Musculo-Skeletal system	/		Others	/
Nervous system	/		Hernia / Hydrocoele	/
Reflexes	/		Vascular Veins	/
Skin	/		Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.8 gm%	14-16 gm %	Colour
Total WBC count	12,300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 53 % Lymph 43 % Eos 02 % Bas 00 % Mono 02 %			pH
Malarial parasite	NOT FOUND		Albumin
ESR	07 mm / 1st hour	1 - 15 mm / hr	Sugar
SGPT	25 U/L	9- 43 U / L	Bile pigment
S. Cholesterol	NIE mg/dl	145 - 260 mg / dl	Bile salts
S. Triglycerides	NIE mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 6.5 PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV 1 & II	NEGATIVE		Others
VDRL	NOT FOUND		
Others		GGTP U/L	Spirometry:
Blood Group			Drugs of Abuse:



ECG: **Normal** TMT: **NIE**

X-Ray Chest: **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, 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: **28 JAN 2025**

Candidate's Signature

Official Stamp

Doctor's signature:

Date: **29-01-2023**

29 JAN 2023



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.

04.2023.3135

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT WAHID		FIRST NAME IMRANUL	MIDDLE INITIAL
DATE OF BIRTH MONTH 11 DAY 01 YEAR 1992		PLACE OF BIRTH CITY SATKHIRA COUNTRY BANGLA	SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS MASTER ☐ RATING ☒ MATE ☐ MOU DECK ☐ ENGINEER ☐ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐		MAILING ADDRESS OF APPLICANT VALUKA CHANDPUR, VALUKA CHANDPUR SATKHIRA SADAR, SATKHIRA.	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 5'6"	WEIGHT 61	BLOOD PRESSURE 120/70mm	PULSE 78b/min	RESPIRATION 18b/min	GENERAL APPEARANCE Good
VISION WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6	LEFT EYE 6/6		
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 29 JAN 2023		Testing Required every 6 years			
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?		YES ☐ NO ☐			
COLOR TEST TYPE BOOK LANTERN		CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐			
HEARING RT. EAR NAD		LEFT EAR NAD			
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal			
LUNGS Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes			
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 

29 JAN 2023

DATE OF EXAM

28 JAN 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

IMRANUL WAHID

(NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(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). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS, (DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN 

DATE OF EXAMINATION

29 JAN 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. 12/17)

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Bierdm), PGT (Ophth)
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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. Completed Physical Examination

02. Pathological Test

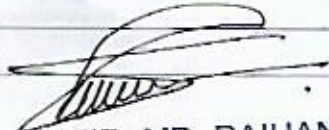
03. Radiological Test

04. Ophthalmology Examination For VA & CV

29 JAN 2023

RLM-105M (REV. 12/17)



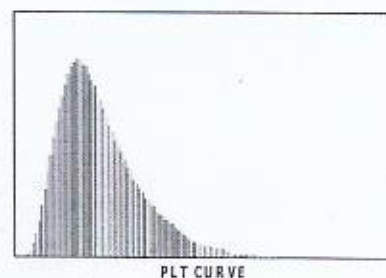
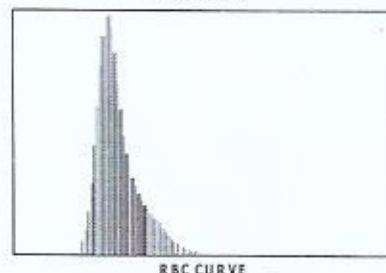
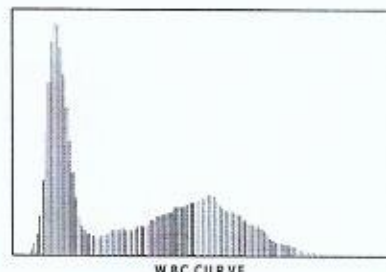

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0708 **Date** : 29-Jan-2023 **D.Date** : 29-Jan-2023
Patient's Name : IMRANUL WAHID **Age** : 30Y 0M 21D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/35236

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 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)	7,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	53 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	43 %	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	146 /cumm	50-450/cumm
Total RBC Count	6.25 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.9 %	M: 40-54%, F:37-47%
MCV	65.4 fL	76 - 94 fL
MCH	23.7 pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	11.3 %	11 - 16 %
PDW	12.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,78,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.228 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]

Checked By
Medical Technologist

[Signature]

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



Bill No	DIA23010708	Received Date	29/01/2023
Patient's Name	IMRANUL WAHID		
Patient's Age	30Y 0M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/T/3523 6
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 ALT (SGPT)	27U/L	Up to 40

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	DIA23010708	Received Date	29/01/2023
Patient's Name	IMRANUL WAHID		
Patient's Age	30Y 0M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/T/3523 6
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
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	DIA23010708	Received Date	29/01/2023
Patient's Name	IMRANUL WAHID		
Patient's Age	30Y MOM 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/T/3523 6
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	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

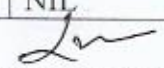
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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

Bill No	DIA23010708	Received Date	29/01/2023
Patient's Name	IMRANUL WAHID		
Patient's Age	30Y 0M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	G/O/T/3523 6
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. : 23010708 Receive: 29/01/2023 Print: 29/01/2023
Patient's Name : IMRANUL WAHID
Age : 30 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

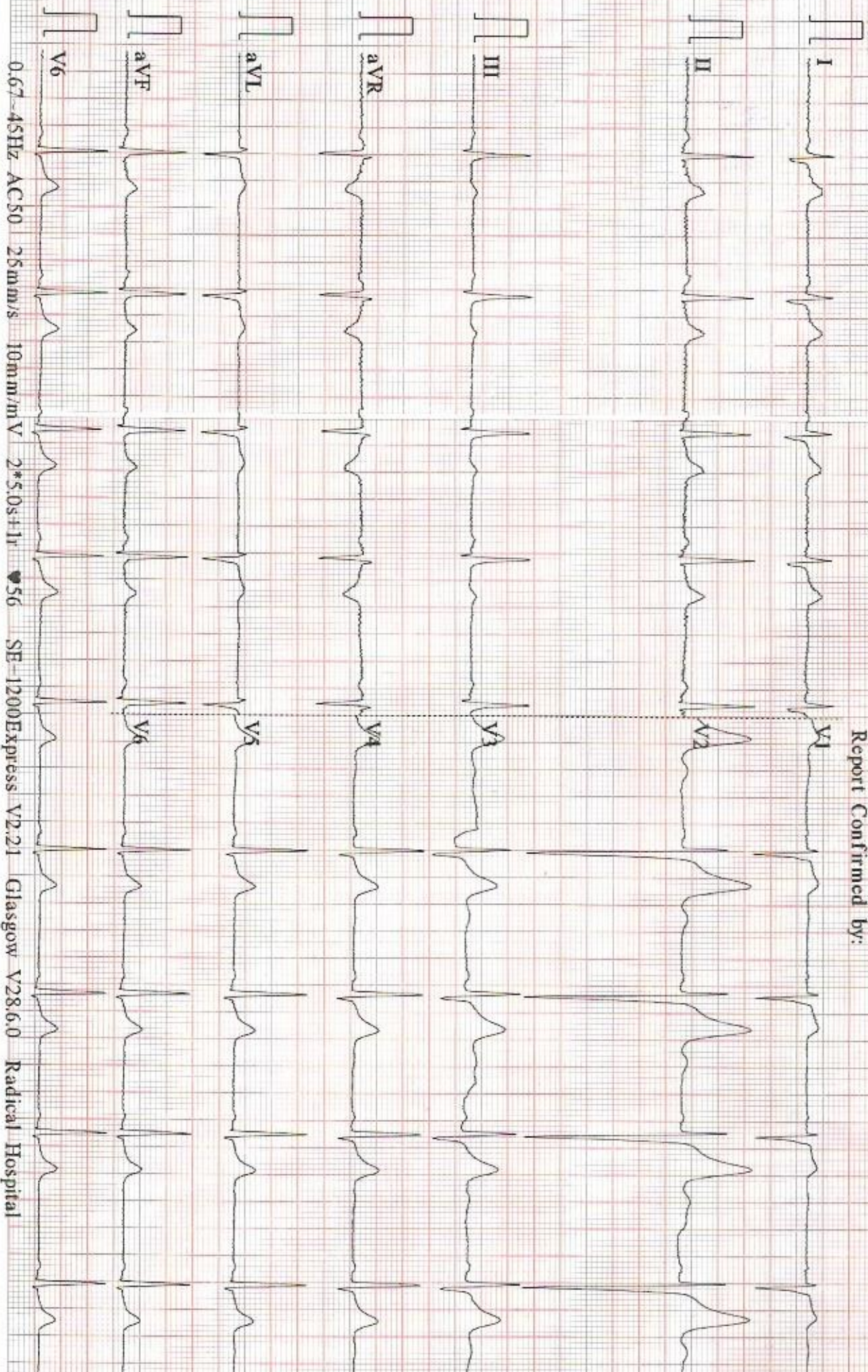
ID: 5
ZINRANOL WHARD
Male 30 Years

29-01-2023 12:30:54 PM

HR : 56 bpm
P : 112 ms
PR : 146 ms
QRS : 96 ms
QT/QTc : 414/400 ms
P/QRS/T : 59/80/44 °
RV5/SV1 : 1.389/0.963 mV

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010708 Receive: Print: 29/01/2023
Patient's Name : IMRANUL WAHID
Age : 30 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 78 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

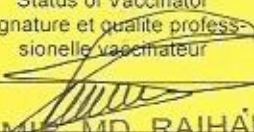
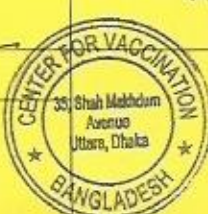
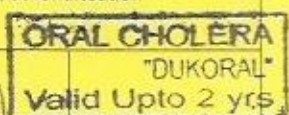
Page 1 of 1

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

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01-11-1992 Sex MALE
no' (e) le _____ sexe _____

Whose signature follows IMRANUL WAHID
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- sionnelle vaccinateur	Approved Stamp Cechet d'authentification
1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng 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 certificate couvre une periode de six mois commencent six Jours a pre a premiere injection du vaccin ou, dans le cas d'une revaccination a, cour, d'ette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d' intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l' administration sanitaire du territoire ou la vaccination est effectuee.

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

**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 JE Soussigne' (e) certifie que _____ date of birth 01-11-1992 Sex MALE
no' (e) le sexe

Whose signature follows IMRANUL WAHID
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
29 JAN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CDD (Birm), PGD (Chit) BMDC A-55144, MMC-BGD-016 DG 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 e'te' 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 pe'riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe' par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme tenant lieu de signature.

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