



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
H686

MEDICAL EXAMINATION CERTIFICATE

SURNAME AHMED	FIRST NAME AND KAZI	MIDDLE NAME ISTIAQUE
PLACE AND DATE OF BIRTH NATORE 1-Nov-1991	PASSPORT NUMBER BY0975117	SEAMAN'S BOOK NUMBER CO7740
NATIONALITY : BANGLADESH SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-NOLDANGA, PO-NOLDANGA HAT, PS-NOLDANGA, DIST-NATORE, BANGLADESH.	CONTACT NUMBER : +8801764827541 (SELF)	RANK : 3RD OFFICER

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

Question	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?

☐ YES ☒ NO

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 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

MEDICAL EXAMINATION

Weight 90 kg	Height (cm) 182	BM 27.1	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78 b/min																												
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4" rowspan="2">N/A</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>					Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate	N/A				☒ Adequate	☐ Inadequate	Left	☐ Adequate ☐ Inadequate	☒ Adequate	☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																										
		500	1000	2000	3000																											
Right	☐ Adequate ☐ Inadequate	N/A				☒ 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

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

Date of last colour vision test: Date (day/month/year) 05 JAN 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	1770	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	1770	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		1770
DC(differential count)	1770	SGOT	OTHERS		
HAEMOGLOBIN (HGB))	14.9	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	9.6	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test
WBC	10.900	Amphetamine	☐ Positive	☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type
RANDOM	4.6	Barbiturates	☐ Positive	☒ Negative	Psychological Exam
HBA1C	5.5%	Cocaine	☐ Positive	☒ Negative	Others(KUB Ultrasound)

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

Signature of Seafarer	KAZI ISTIAQUE AHMED	5-Jan-2023
	Name of Seafarer	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:	05 JAN 2023	Valid Until:	04 JAN 2024
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Name and Signature of Authorized Physician

In Accordance with Medical Examination of Seafarers Convention 1978 (A-1/98) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022

Medical Information: (医療情報) * Please check the appropriate items.
該当する二欄にイ号を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)

2. Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

3. PAST HISTORY: (病歴)
 (1) Past serious illness: (主な既往症) Age (年齢)

Surgeon: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)
 Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒)
☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2~3回)
☐ Drink every evening (毎日)
☐ Heavy drinker (強い)
☐ Moderate drinker (中程度)
☐ Light drinker (弱い)

(2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Quit smoking in 19____ (19____年に禁煙)
☐ Smoke _____ cigarettes a day (1日____本吸う)

(3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Constipated (便秘)

(4) Dietary preferences: (食の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Sweet (甘い)
☐ Only (偏った)

(5) Exercise: (運動)
☐ Often (よくする)
☐ Sometimes (時々)
☐ Never (しない)

(6) Sleep: (睡眠)
☐ Sleep well (よく眠る)
☐ Have Sleeplessness (眠れない)
☐ Have Insomnia (不眠症)
☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

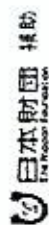
(7) Weight: (体重)
☐ Constant (変わらない)
☐ Putting on weight (太っていく)
☐ Losing weight (やせていく)



(Signature)

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

05 JAN 2023



<PRIVATE>

秘

MEDICAL RECORDS
(Write in block letters)

5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- ☐ Heart disease (心臓病) F M B S
- ☐ Cancer (癌) F M B S
- ☐ Diabetes (糖尿病) F M B S
- ☐ Hypertension (高血圧症) F M B S
- ☐ Cerebral Apoplexy (脳卒中) F M B S
- ☐ Liver disease (肝臓病) F M B S
- ☐ Other: Name of disease (病名) F M B S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に。)

Name of Company: (所属会社) Tel: Fax: Nationality: (国籍)

Name: (氏名) given name (名) family name (姓) M/F (男/女)

Name of Position: (職位) Date of Birth: (生年月日) (D-M-Y)

Height: (身長) cm Weight: (体重) kg at age 20: (20才時) kg
Pulse: (脈拍) /min Normal breathing rate: (正常呼吸数/分) /min Normal temperature: (正常体温) °C

Blood pressure: (血圧) mmHg Blood type: (血液型) /Rh () Single Married (独身/既婚)

Blood sugar: (血糖値) mg/dl $\times 0.05625 =$ (mmol/l)
Uric acid: (尿酸値) mg/dl $\times 0.05914 =$ (mmol/l)

Signature: (署名) (Card holder) (本人)

Date: 05 JAN 2023



DR. MIR. MD. RAIHAN
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HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : KAZI ISTIAQUE AHMED

RANK : 3RD OFF

CDC NO : C/O/7740

DOB : 01-Nov-1991

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 05 JAN 2023

Signed :

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
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General Physician
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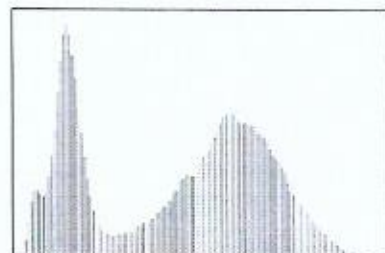
The Crew Member

Id No : 0088 **Date** : 05-Jan-2023 **D.Date** : 05-Jan-2023
Patient's Name : KAZI ISTIAQUE AHMED **Age** : 31Y 2M 4D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/7740

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.9 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	06 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	10,900 /cumm	
Differential WBC Count (DC)		
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	39 %	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	218 /cumm	50-450/cumm
Total RBC Count	5.39 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.7 %	M: 40-54%, F:37-47%
MCV	73.7 fL	76 - 94 fL
MCH	27.6 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	15.8 %	11 - 16 %
PDW	fL	35 - 56 fL
Total Platelete Count (PC)	10,47,000 /cumm	150,000-450,000/cumm
MPV	fL	7.0 - 11.0 fL
PCT	%	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	DIA23010088	Received Date	05/01/2023
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	31Y 2M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO;C/O/7740		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>ReferenceRange</u>
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Blood Sugar Random (RBS)	4.6 mmol/L	<7.8 mmol/L
HbA1C	5.5 %	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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23010088	Received Date	05/01/2023
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	31Y 2M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO;C/O/7740
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result

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

Checked By

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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

Bill No	DIA-23010088	Received Date	05/01/2023
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	31Y 2M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7740		
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	0-1/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 Technologis
 Radical Hospitals Ltd.


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

Bill No	DIA23010088	Received Date	05/01/2023
Patient's Name	KAZI ISTIAQUE AHMED		
Patient's Age	31Y 2M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7740		
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 Technologis
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. : 23010088 Receive: 05/01/2023 Print: 05/01/2023
Patient's Name : KAZI ISTIAQUE AHMED
Age : 31 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

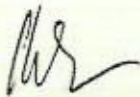
Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

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: 4
Male 82 Years
05.01.2023 04:48:38 PM

HR 92 bpm

PR 112 ms

QRS 130 ms

QT/QTc 104 ms

QT/QTc 344/426 ms

P/QRS/T 57/52/25 °

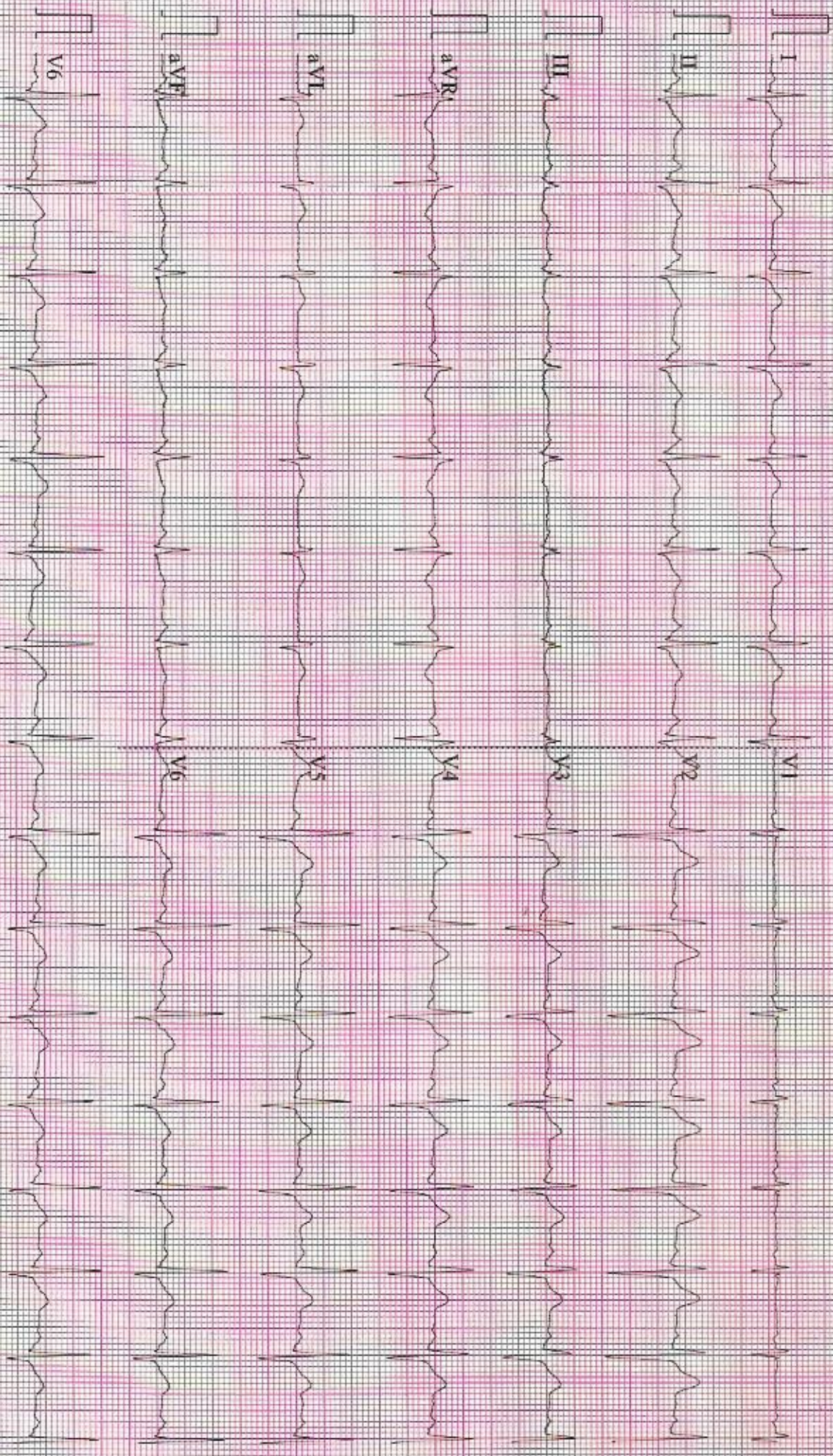
RV5/SV1 1086/0.447 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



REF: MV. MEISHAN BRIDGE

DATE: 05/01/2023

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

EYE EXAMINATION REPORT

NAME: KAZI ISTIAQUE AHMED

RANK: 3RD OFF

CDC NO: C/O/7740

VISUAL ACUITY:

RIGHT

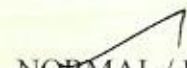
LEFT

UNAIDED

6/6

6/6

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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
27 JAN 2020	MV. WEIGHARD BRIDGE	120/80 70/min	200202	200202	200202	200202	200202
17 FEB 2021	MV. ONE "HUSTON"	120/80 70/min	200202	200202	200202	200202	200202
27 JAN 2022	MV. ONE "HUSTON"	120/80 70/min	200202	200202	200202	200202	200202
05 JAN 2023	MV. WEIGHARD BRIDGE	120/80 70/min	200202	200202	200202	200202	200202

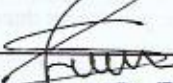
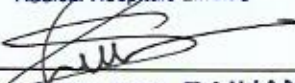
Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biren), PGT (Opth) BMDC A-55144, MMDC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biren), PGT (Opth) BMDC A-55144, MMDC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 01/11/1991 Sex Male
whose signature follows }

 **KAZI OSTIAQUE AHMED**
has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	 Dr. Mohd.G. Mostafa M.B.B.S. Regd. No. A 9486 Medical Officer, BSCIC Chittagong, Bangladesh		
27 JAN 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
3	 DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		4
17 FEB 2021	 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.		6
23 JAN 2022	 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.		8
05 JAN 2023			

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