

HAQUE & SONS LTD.

Accredited By : BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER: H485

Tel: +880-2-333316214-6, Fax: +880-2-333310530

RNAME	NO. P	FIRST N	AME AND				MIDDLE NAM	AF.	200710	
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CE AN	ID DATE OF BIRTH	PASSPO	RT NUMBER	R		-	SEAMAN'S E	BOOK NUMBE	R	-
RAJS	SHAHI 31-Dec-1992		B00	027663	1	4		CO7205		
TIONAL	.ITY: BANGLADESHI SEX:	Male	☐ Female	e VE	ESSEL TY	PE: C	CONTAINER T	RADING ARE		RLD WI
RMANE	NT HOME ADDRESS :			-		CONT	ACT NUMBER :		71867752	
	PARA, PO-MATICATA, PS-GODA	GARI, DIST	-RAJSHAHI	6290,		RANK			ASST EI	
IGLADE						1	100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Have yo	u ever had any of the following con	ditions?								
	Condition	YES	NO		Condition	on			YES	NO
1	Eye/vision problem		2	18	Sleep pr	oblems				En
2	High blood pressure		K	19	Do you s	smoke?				X
3	Heart/vascular disease		19	20	Operatio	n/surger	rv			Ø.
4	Heart surgery		1	21	Epilepsy					W
5	Varicose veins		N	22	Dizzines					0
6	Asthma/bronchitis		6	23	Loss of		50			6
7	Blood disorder		6	24	Psychiat					0
8	Diabetes		W	25	Depress		Citio			7
9	Thyroid problem		21	26	Attempte		la.			7
10	Digestive disorder	0	11	27						7
11		0	7.	28	Loss of					1
12	Kidney problem		1	349939	Balance					2
	Skin problem		1	29	Severe h					1
13	Allergies		1	30			problems			9
14	Infectious/contagious diseases		P	31	Restricte		ity			7
15	Hernia		P	32	Back pro	blems				D
16	Control discontinue			100000	Delen pie					
	Genital disorders		En	33	Amputat					
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17 any of addition	Pregnancy the above questions were answere nal questions	d "yes", plea		34 ails	Amputat Fracture	ion	ations		YES	
17 any of addition 35 36	Pregnancy the above questions were answere nal questions Have you ever been signed off as Have you ever been hospitalised?	d "yes", plea	triated from	34 ails	Amputat Fracture	ion	ations		YES	1
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YES

Hearing meets the standards as laid down in STCW Code Section A-1/9?

04.2023.3204

	- 1	Unaided	sual acuity	Aideo	4	-	-		Visual f	elds	
	Right eye		Right ey		Left eye			Norma		De	fective
Distant			6/1	5	666	Right	eve		-		- 0
Near		10	1	-		Lefte	Marie Annie An		,		-
Visual acuity	meets the s	tandard laid do	wn in STCW Co	de Sec	ction A-1/9	VES /	NO				
Colour vision	as per STC	W CODE Secti	on A-I/9:	DIN	ormal	□ Doubt	ful	□ Def	ective		
				22.1	A N. 2022						
Date of last c	olour vision	test: Date (day	/month/year)	L 3/31	AM /ZUZJ						
			Normal Ab	norma	a .						
Head			110		William St. Roman St.	se veins			NO	rmal	Abnorma
Sinuses, nose	e, throat		6.			ar (inc. pedal	nulses)				
Mouth/teeth			No.	O		en and visce				/	
Ears (general	1		60		Hernia				1	1	
Tympanic me	mbrane		Di		Anus (not rectal exa	m)		- >	1	
Eyes			Kn		G-U sy						
Opthalmosco	py		1		000000000000000000000000000000000000000	and lower ext	remities		- /	1	
Pupils	52500		1		200000000000000000000000000000000000000	(C/S, T/S and				1.	
Eye movemen	nt		00			ogic (full brief				1	
Lungs and ch			10		Psychi		508			1	
Breast examin			NA			al appearance				121111	
Heart		8	1		Skin	a opposition	,			1	
3.97.06.89			500	10300					33.00	270	2550
The state of the s	NCILLARY	EXAMINATION									
Chest X-Ray		MAIO	BIO CHEMI	CAL (L	IVER FUNCT	TION TEST)	Marijuan	ıa	☐ Posit	ive []	Negative
ECG		NAD	BILIRUBIN		0.	7	Alcohol '	Test	☐ Posit		Negative
	BLOOD R/I	E	SGPT	- 8	30	>	URINE F	R/E	61000	M	90
DC(differentia	l count)	MID	SGOT		20			C	THERS'	-/-	-
HAEMOGLOE	BIN (HGB))	135	DRU	G AND	ALCOHOL 1	EST_	HBsAg		□ Read	tiv	Nonroactiv
ESR (WESTE	RGREN)	07	Morphine		Positive	Negative	HIV / AII	DS Test	☐ Read	_	Nopreactiv
WBC		2.400	Amphetamine	- 0			VDRL	-	Control of the Contro		Nonreactiv
	201110000	C. C. F.	Phencyclidine	-		Negative	Blood Ty	ле		122	LVE!
BLOOD) GLUCOSI	ELEVEL	1 Friency chaine	I	I POSITIVE L	DACHGRAG	I DIOOU I Y		650	11	
BLOOD RANDOM	GLUCOSE	6.0	Barbiturates						-	W	105
RANDOM	GLUCOSE	6.0 15.27		E.		Negative	Psycholo	ogical Exam		M	100
RANDOM HBA1C		6.9	Barbiturates Cocaine		Positive 1	Negative Negative	Psycholo	ogical Exam		M	10
RANDOM HBA1C reby I declare t	at I am in	6.9	Barbiturates		Positive 1	Negative Negative	Psycholo	ogical Exam		M	20
RANDOM HBA1C	at I am in	6.9	Barbiturates Cocaine	ne Phys	Positive 1	Negative Negative ations:	Psycholo	ogical Exam		23-Jan	-2023
RANDOM HBA1C eby I declare t	hat I am in	6.9	Barbiturates Cocaine	ne Phys	Positive 1 Positive 2 Positive 3 Positive 3 Positive 3 Positive 3 Positive 4	Negative Negative ations:	Psycholo	ogical Exam		23-Jan	
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	MEDICAL CERTIF	ICATE F	OR PE	RSONNEL SERVICE C	ON BOARD	
SURNAME: ISLAM			GIVEN I	NAME (S): MD. MAHMUDUL		
DATE OF BIRTH:			PLACE	OF BIRTH	SEX	
DAY 31 MONTH D	EC YEAR 1992			AJSHAHI COUNTRY BANGI	7	FEMALE [
POSITION ON BOARD:	10 10 11 1992		0.0000000000000000000000000000000000000	ADDRESS OF APPLICANT:		
MASTER DECK OFFICER ENGINEERING OFFICEI RADIO OPERATOR RATING			VILL-U	ZANPARA, PO-MATICATA, AJSHAHI, 6290, BANGLAD		
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN				
	VISION	v 12		COLOR TEST TYPE	HE	EARING
	WITHOUT GLASSES	WITH GL	ASSES '	□ воок		
RIGHT EYE	-	66	6	LANTERN YELLOW MACRETON	RIGHT EAR	mo
LEFT EYE		64	6	GREEN BLUE	REFT EAR /	mo
Confirmation that identific	cation documents were che	ecked at the	point of e	xamination: YES NO		
Hearing meets the standa		V - T - A - N - T - T - T			ICABLE	
Unaided hearing satisfact	tory? YES NO			1		
Visual acuity meets stand	lards in STCW Code, Sec	tion A-1/9?	YES 🗂	/ NO □		
Colour vision meets stand (the visual test it is require Date of the last colour vis	ed every six years)		YES Z	NO □	_	
Are glasses or contact ler	nses necessary to meet th	e required vi	ision stand	dards? YES NO		
Able for watchkeeping? Y	ES NO					
Is applicant taking any no	n-prescription or prescript	tion medicati	ons? YES	O NO D		
Is the seafarer free from a endanger the health of ot	any medical condition likel her persons on board? YE	ly to be aggra	avated by	service at sea or to render the s	seafarers unfit for su	ch service or to
Hereby I declare that I an	in knowledge of the cont	ents of the P	hysical Ex	xamination.		
Webs			MD. MA	AHMUDUL ISLAM	2 3 JAN 202	23
Signature of	Applicant		Name of	Applicant	Date	
CIRCLE APPROPIATE ENGINEERING OFFICER	CHOICE: (ME / SHE) IS R / RADIO OPERATOR / F	S FOUND T	TO BE (F	NOT FIT) FOR DUTY ANY / WITH THE FOLLOWING)	AS A (MASTER / RESTRICTIONS:	DECK OFFCIER
	F	IT FOR D	UTYO	N BOARD SHIP		1 0
NAME AND DEGREE OF	PHYSICIAN: DR. MIF	R MD. RAII	IAN: M.E	B.B.S(D.U.), REG. NO. A-55	144	
ADDRESS: REDICAL H						
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	RITY: BANG	SLADESH	MEDICAL AND DENTAL COL	JNCIL (B.M.D.C.)	
DATE OF ISSUE PHYSIC		12-05-2011		al Hosp		
SIGNATURE OF PHYSIC	CIAN	·	STAMP	Road		3 JAN 2023
EXPIRY DATE OF CERT	IFICATE:	22 J	AN 2025	98	1311	
	This cer of the STCW Convent	rtificate is issi	ued in comp amended a	oliance with the requirements and the Maritime Labour Carolination	We Sale	
-	DR. MIR. MD MBBS (DU), DFM, CCD (B BMDC A-55144, M	D. RAIH, Irdem), PGT (0	AN phth)	-		+-

BMDC A-55144, MMC-BGD-016

BG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

□ Drink every evening(毎日) Jeinker(中程度) □ Light drinker 弱い - 11 4巻 泊0 日 11 Never (1783.5) 1. Sometimes take sleeping pills, etc. (译中語問題報句) □ Purting on weight コロントラント 二 Have Skeeplessness (現れない) 「新術」 七日 二 Constipated _ Cigarettes a day + L a 开沟 | Moderate drinker (中級選) □ Sometimes (時中) 2 Sweet (#1.1) (報位) 169K II 口 Do not drink : 政力ない。 _ irregular 一下規則 こ Constant (文むらず) I Never smoke 25 to tat 二 Sleep well : 東く眠る) 2 Sut smoking in 19 □ Drink 2-3 times a week (國に2~3回) 二 Offen (スペナる) L. Saley 福祉! 4. D.VIL.Y LIFE HABITS: (日本生活) □ Heavy Jrinker 選(・ 14: Dietary preferences: 大事の中だい Z Regular - Smoke || Have insomnia - 不規信! (1) Altohol intake, 、数面) (3) Bowel movements: (2) Smoking: (過価) (5) Evercise: (國数) (1) Weight: (环醇) (61 Sleep; (確認) (編集) Name is) of medicine is) used for the above disease (s). (上校神代に使用した一般構造名) ☐ Other (計2) A'hen? 該当する口橋にく印を記入して下まい。 3. PRESENT ILLNESS (CHRONIC DISEASE).....(Ves/No): (特別/有篇) - Food aftergies (name): Medical information: (医聚氰酚) * Please check the appropriate items.

(東京2)

(1) Past serious illness; 国位属语词) 'Age (相談)

(左身: Liustans !:

Name of illness: (特別名)

2. PAST HISTORY: (新国)

Drug allergaes intanie?;

(ガイホイン) T. Asthma

T. Unicaria chives) (そいみかに)

I. ALLERGIES: (レフラルー) 一日の日本 23 JAN 2023

cal Hospital

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

少日本町田 補助

Notation: F = father, M = mother, B = brother, S = sister

5. FAMILY HISTORY: (家族區)

(兄弟)

鱼

3

□ Cancer 'part (親/熊行) Hyperiension (素血圧症)

U Heart disease (心質能) Diabetes (搭聚条)

**

MEDICAL RECORDS

(Write in block Letters)

Nationality: BANGA (EE) Name of Company: (形成金社)

m m 0 m m

ZZ Z

Modera HAROL COCK THEN

amily name (15)

-Date of Birth 29-12-92 (EE)

(水/部)

Kg/at age 20: (20 759) given riame (名)

Name of Position:

Briefly enter any special comments to the Attending Physician in English.

Other: Name of disease (概名) Cerebral Apoplexy (版本中) 二 Liver disease (后讓依意)

(受禁国語)と称に伝えたこれで、東部の展議に

(V - M - Q)

(世年年日)

Height: 19. E. J. 275 cm Weight: (FE 73

Pulse: 70 'min Normal breathing rate. 19 'min (正本6年5年19)

Normal temperature:

(正在年収載/光)

Mh (1 Single Married (治療/配給) Blood type 11 Blood pressure

()//oww C//oww mg/d1>: 0.05914= mg/df × 0 05625 == Blood sugar: (定辖區). Una acid: (原政区)

(Card holder) (本人)

Signature: (署名)

Date: 7.3 JAN 2023

cal Hospital

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



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME	OF CREW:	MD. MAHMUDUL I	SLAM	RANK:	1ST ASST E	NG	
CDC N	0:	C/O/7205		DOB:	31-Dec-1992		
HEAL	TH QUES	TIONNAIRE					
PLEAS	E ANSWER	FOLLOWING BY TIC	KING (✓) YES OR NO			YES	NO
1	Have you	ever had coronary thr	rombosis or certain types	of heart surge	ery?		
2	Are you su	uffering from any hear	t-related cotnplications?				
3	Are you a	diabetic ?					
4	If you are	diabetic, do you need	injectio.ns of insulin for d	liabetes?	Ī		\overline{A}
5	Have you	ever had a stroke, or	unexplained loss of cons	ciousness?			
6	Have you	ever been treated for	a mental.or nervous prob	lem?			Z
7	Are you ar	alcoholic, or have yo	ou had alcohol or drug add	diction probler	ns?		$\overline{}$
8	Do you ha	ve any hearing difficu	lties or are you using any	hearing aid?			
9	Have you	ever suffered from an	y STD (Sexually Transmit	tted Disease)?	, [
10		vare of any other heal employment *	Ith condition that could aff	fect your fitnes	ss for		
knowled consequ	e. true and lences in cas	complete. lalso de se of detection of any	nd answered by ticking as clare that lam a health chronic disease or its pas may incur as a direct resu	ny man and st history whic	will be fully h Imay have o	responsible	for all the
Date :		2 3 JAN 2023	_	Signed :	Med	m2)_	
'If yes,	mention deta	ils below:-	MBS (DU), DFM, CCD (Bird BMDC A-55144, MM DG Shipp.ng Banglar General Phy Radical Hospita	MC-BGD-010 desh Approved	The	Crew Memb	er

Revision: 5.1

Revision Date: 24th July 2022

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. ONE HELSINKI

DATE: 23/01/2023

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

EYE EXAMINATION REPORT

NAME: MD MAHMUDUL ISLAM RANK: 1A/ENG CDC NO: C/O/7205

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION: NORMAL / BLIND

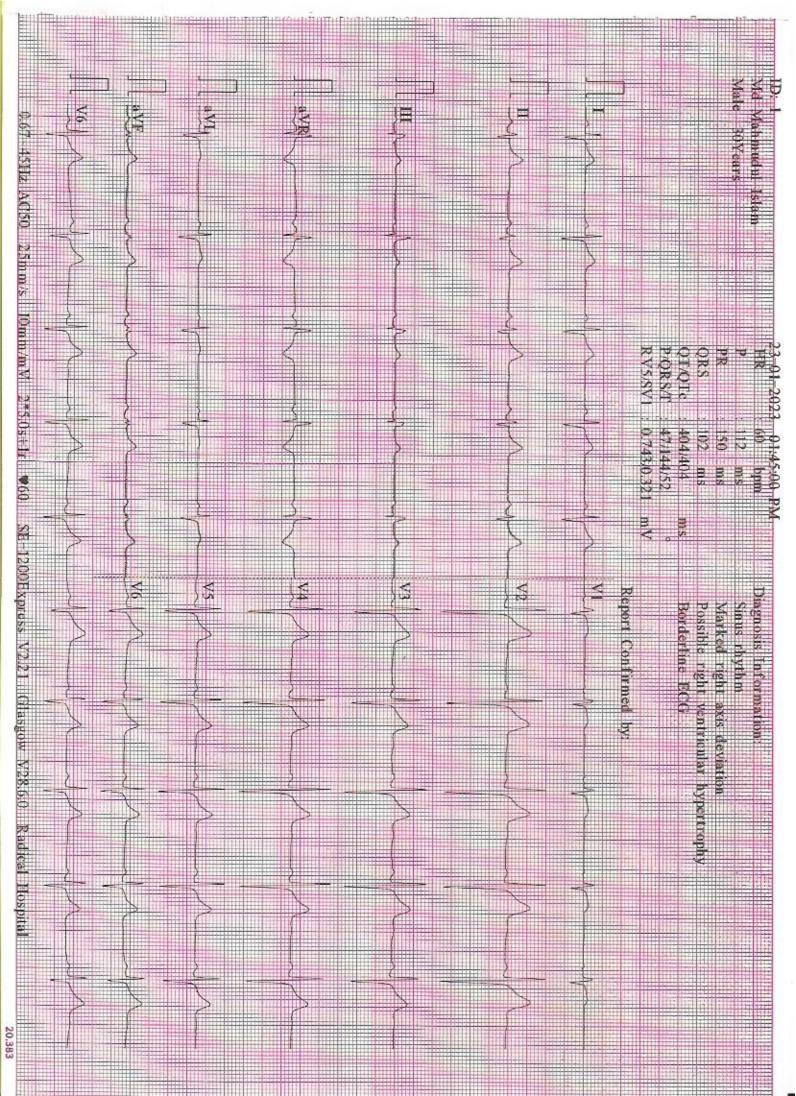
OPINION

UNFITY FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010529 Receive:23/01/2023 Print 23/01/2023

Patient's Name : MD MAHMUDUL ISLAM

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 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 No : 0529

Patient's Name: MD MAHMUDUL ISLAM

Specimen

: Blood

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

Date: 23-Jan-2023

D.Date: 23-Jan-2023

Age: 30Y 4M 29D

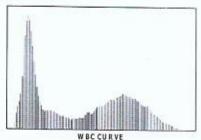
Gender: Male

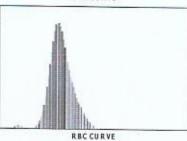
CDC NO: C/O/7205

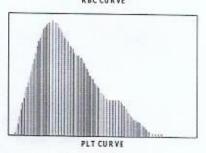
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.5 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)	8,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		, , , , , , , , , , , , , , , , , , , ,
Neutrophils	58 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	37 %	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	168 /cumm	50-450/cumm
Total RBC Count	5.10 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	77.8 fL	76 - 94 fL
MCH	26.5 pg	27 - 32 pg
MCHC	34.0 g/dL	29 - 34 g/dL
RDW	14.2 %	11 - 16 %
PDW	12.5 fL	35 - 56 fl
Total Platelete Count (PC)	1,89,000 /cumm	150,000-450,000/cumm
MPV	11.2 fL	7.0 - 11.0 fL
PCT	0.212 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %







Checked By Medical Techno Dr. Sumara Khatun

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



Bill No	DIA23010529	Received Date	23/01/2023
Patient's Name	MD MAHMUDUL ISLAM		
Patient's Age	30Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7205
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
HbA1C	4.2 %	4.0- 6.0 %
Blood Sugar Random (RBS) Serum AST (SGOT)	6.9 mmol/L 20 U/L	<7.8 mmol/L Up to 37 U/L
Serum ALT (SGPT)	30 U/L	Up to 40 U/L

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



Bill No	DIA23010529	Received Date	23/01/2023
Patient's Name	MD MAHMUDUL ISLAM	riosoirod Bate	20/01/2023
Patient's Age	30Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eve),DFM	CDC NO:C/O/7205
Sample	BLOOD	, , , , , , , , , , , , , , , , , , , ,	000110.0/0/1200

SEROLOGYCAL REPORT

<u>lest Name</u>	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL Test	Non-reactive

OOD GROUPINGResult	CONTRACTOR OF THE PROPERTY OF
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

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	DIA23010529	Received Date	23/01/2023
Patient's Name	MD MAHMUDUL ISLAM	&J=	
Patient's Age	30Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	//),PGT(Eye),DFM	CDC NO:C/O/7205
Sample	URINE		

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

Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology



Bill No	DIA23010529	Received Date	23/01/2023
Patient's Name	MD MAHMUDUL ISLAM		
Patient's Age	30Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7205
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

Pre-Joining Medical Report to be

			2 3 JAN 2023	Date of Exam
		A CONTRACTOR OF THE PERSON OF	A DAGE.	Ship Assigned
			The gall	B.P./ Pulse
			LOZZOS	X-ray
				ECG
			SOREA	Urine
		100	683405	Pathological investigations ECG Urine Blood
100 7	1	100	LP3405	US LET

Completed
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Company's
M.O

				Creatine
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			noffise Takes	Addl. Test
			DF N98 BN DG	Special Conditions
	1907		DR. WITE. MD RAIHAN MBB (DU), DFM, CCD (Birliam), PGT (Oshith) MBBS (DU), DFM, CCD (Birliam), PGT (Oshith) BMDC A-55144, MMC-BGD-016 BMDC A-55144 MMC-BGD-016 BMDC A-55144 MMC-BGD-016 BARDical Hospitals Limited Radical Hospitals Limited	Fit / Unfit & Remarks
			RAIHAT RAIHAT AC-BGD-016 AC-BGD-016 AC-BGD-016 AC-BGD-016 AC-BGD-016 AC-BGD-016 AC-BGD-016 AC-BGD-016	Doctor's Sign

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 31-DE2-1992 Sex MA()

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

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1314	DR. MR. MD. RAIHAN MBBS (DU), DPM. CCD (Birdem), PGT (Ophin) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	L NO CO	35, Sheh Makhdum Avenus Littera, Dhaha
	All The State of t	Charles &	
3	TO AGRAMM COL COMPRISON		3 4
94	DR. N. AYUBUR RANIAN M.B.O.S. P.G. T. (Medicon)	(8(MM))	

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.

ス

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA 31-12-1992 Date of birth This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Approved Stamp Signature and Professional Date status of vaccinator DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittegong. Regn. No. A-11820 DR. MD. AYUBUR M.B.B.S: P.G.T (Medicine) Taher Chamber 10, Agrabad G/A, Chittagong. Regn. No. A-11820 Blood Group 3 DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC BGD 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 35. Shah Makhdu Avenue DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PG1 (Ophth BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited Rh Factor DR. AMR. MD. RAIHAN MB8\$ (DU). DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 8 WGLAD

Continued overleaf Suite our erso