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,

	TE	EL:	+8802	35 SI 27920	116, ·	MAK +88 (DUM)1955	56700	NUE 00.	E, UTTAR EMAIL: ra	A, DH adical_	AKA- hosp	1230. itals@	gyah	00.C0	m		
Name:	151	AM	A 1011-11-11		MD A	MINO	12		2000		ex: M	Se	erial No);				-
Date of Birth		e	18 /	12 /	1994	ime D	PP/	CDC:	niddle (10/809	5	_	Rank:		46			
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Is there any	past	/ pr	esent hi	story of	any of	Can	didate aration	Exami	ner						Candidate			niner
			lowing			Yes	No	Yes	No ,					- 1	Yes	No,	Yes	No
Severe one-sided Head Injury / Co				mmory			1		1	Hernia / Hydro High / Low blo	coele / App	endicitis				V		~
Fits / Epilepsy / I Eye / Vision Prob	Dizzine	255 / F	ainting				V		1	Asthama / Bron	chitis / Tub		nsense			1		-
Hearing Impairm	ent						Y		/	Allergy / Skin of Infection / Con	tagious Dis	sease				5		
Ear / Nose / Thro Stomach / Bowel	dison	ders					1		Y	Addication to al Fracture / Dislo	cohol / dru	gs / tobac	CO Utation			5		- 4
Gall stones / Kid: Jaundice / Liver I	ney dis	sorde	5				1		-	Major / Minor (Operation	jury / Ming	otauon			/		1
Piles / Varicose v		e .					1		-	Diabetes Nervous / Men	tal disease	/ Sleep dis	sorder		T-1	/		
Blood Disorder Female Disorder							5			Mallignant dise Signed off on r			dared Lin	fi)		1		
Notes											neolesi gio	unds/ DC	dared on	ant.				
Medical Ex	_	_	tion tin.Kgs	Chest I	nsp-Exp	Blood	Pressure	in mm of	Hn	PulseBeats	/ min	Resp.Rat	a I min		Conce	el Cando		70000
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Distant Vision	10	Unc	City		ected		eld of Vis)	Audiometry		1000		3000	4000		6000	800
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Head & Neck Eyes				V/		- [tory syst			-	ADIII	лина
Ears / Nose / The				5						SERVI	CE		vascular s domen	system			-	
Teeth / Oral Cavi Musculo-Skeletal		m		1		-11	AS_	1/1	=/	VGR_		Genito	urinary s	ystem		_		
Nervous system Reflexes										2006		Hernia	/ Hydroc	oele				
Skin				5		En	hance	d GAI	D	Medicals	done		e Veins /Fistula/I	Piles		-	-	
Investigat	ions										100							
Blood Hemoglobin	-		13	Resu	m%	14	No -16 gm %	rmal	,	Colour		show	\vdash		- 4			
Total WBC count		Liene	10	. 601	Cu.mm	40	00-11000	/ cu.mm	- 0/	Specific Gravity	/ 3	NID			- 7		•	
Malarial parasite	70	Lyan		NO.	12	200	000		- 70	Albumin		211				20 5	0	
ESR SGPT			20		n / 1st ho	9	15 mm / 43 U / L			Sugar Bile pigment		Nil			9	25	1	
S.Cholesterol S.Triglycerides				mg/dl			260 mg			Bile salts Occult blood		MA				-	1	
Blood Sugar HbsAg			RBS ,	NI	PP8S	upt	o 125 mg			RBC cells		NI		No.		(-)	-	
HIVI & II			1	rope	tile	-				Leucocytes Others		~	12/3	IR MI	(De 1)		100	
VDRL Others			N	0076	ee	٠		GTP U/L	_	Spiromet	ry: /	170	131	RADIC.	AL E	T		
Blood Group	-							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Drugs of			*	HOSPIE	13		1	
ECG:	N	or	mel		TMT:	-	1/0			Abuse:	N	e g ≈	ME	V.	13/			. V
X-Ray	632	est:			onm	4	1.50			USG:		Non	mej	100	***			
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Remarks /			rem	or army u	IIIC	Pell	nanenny	unne		should be re-ex	xamined ii	n	days	/ weeks	/ month	15.	>	
Recommendat I, Doctor's Name		HR M	o. Rathal	certify th	at all info	rmation	required u	inder Anni	Омнест	Es E of M.S. (M	ladical Evar	vination) I	Outlee 200	O in ine	1	\leq	etifi contra	
This certifica	te is	valid		18 JA	N 2025		quireu t		Ho	Spita (M	Cuical Exal	middon) i	wites 200	io is inco	NU	2	unceito	-
Candidate's Sid	gnatu	re						Region		Stappe				Doct	or's sign	ature:		
Date: 191	0//	20	23					As As	Per-M	LC-2006			MBB	IS (DU), I	IR. M	(Birdem)	PGT (Ophth)
191	AN	202	3									10111	DG	Shipp.	55144. ng Bang	gladesh	Appr	oved
•	,	-						000	r Depa	artment dis				G	eneral F cal Hosp	Physicia	ın	

04.2023,3183

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

	THE REI	PUBLI	C OF LIBERIA	ANNEX 2
LAST NAME OF APPLICANT		FIRST	VAME	MIDDLE
DATE OF BIRTH		MD	AMINUL OF BIRTH PAGNA	INITIAL
MONTH DAY	1995 YEAR	80000000	17101071	SEX
EXAMINATION FOR DUTY AS:	YEAR	CITY	COUNTRY BANGLA	MALE FEMALE
MASTER	RATING	-1	MAILING ADDRESS OF APPLICANT:	06 (100H68 = 10 = 179
MATE	MOU DECK	= :	MILL: SAMLA, P.O+P.S	BERA
ENGINEER	MOU ENGINE		DIST: PABNA, BANGLA	DE821.
RADIO OFF	SUPERNUMERARY		PETALISM	
MEDICAL EXAMINATION	N (SEE PAGE 2) STATE DI	TAILS	ON PAGE 2	
HEIGHT WEIGHT	BLOODIPRESSURE PUISA	0 L1	RESPIRATION GENERAL	PPEARANCE
VISION: R	IGHT EYE LERCEYE	- 9/10	in 19 min	here
WITHOUT GLASSES WITH GLASSES	1 - PC 8	=======================================	49/	
DATEOFLAST COLOR VISION TE	ST(Month/Day/Year) 19 JAN	2023	Testing Required every 6 years	
COLOR VISION MEETS STANDAI	RDS INSTCW CODE, TABLE A-L		YES NO	
COLOR TEST TYPE: BOOK " LAN	TERN - CHECK IF COLOR TES	T IS NORM	MAL YELLOW RED (BLUE BLUE
HEARING: RT. EAR	NM		LIEFEAR AMA	
₄HEAD AND NECK			HEART (CARDIOVASCULAR)	
LUNGS	Natural		No	nmel
	Normy		SPEECH (DECK/NAVIGATIONAL OFFICER A IS SPEECH UNIMPAIRED FOR NORMAL VO	AND RADIO OFFICER) ICE COMMUNICATION
EXTREMITIES UPPER_	Non	my	• LOWER	Nenmi
IS APPLICANT SUFFERING FROM	ANY DISEASE LIKELY TO BE A	AGGRAV,	ATED BY OR TO BENDER ON LOWER THE	1
TO ENDANGER THE HEALTH OF	OTHER PERSONS ON BOARD?	IF YES, EX	KPLAIN IN DETAILS OF MEDICAL EXAMINATI	ON ON PAGE 2.
Smil			19 JAN 2023 18 J	AN 2025
SIGNATURE OF APPLIC	ANT	-	DATE OF BUILD	RY DATE
THIS	SIGNATURE SHOULD BE AFEIN	CD Nigg	Material State Control of the Contro	
*:			IE PRESENCE OF THE EXAMINING PHYSICIAN	
,THIS IS TO CERTIFY THAT A PHY			(NAME OF ARRIVED	
1	FIT FOR DUTY ON	BOAR	D SHIP (NAME OF APPLICANT)	
SUPERNUMERARY). IF EMP	(NOT FIT) FOR DUTY AS A: (MA LOYED AS A WATCHSTANDER	ASTER, M	ATE, ENGINEER, RADIO OFFICER, RATING, MO IE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOK	OU DECK, MOU ENGINE or
NAME AND DEGREE OF PI				OUT DUTIES?
			AKHDUM AVENUE, SECTOR-12, U	TTARA DUAKA 1000
NAME OF PHYSICIAN'S CE			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	TTARA, DHAKA-1230
DATE OF ISSUE OF PHYSIC				
	1		Augustian and a second a second and a second	10 IAN 2022
SIGNATURE OF PHYSICIAN This certificate is issued by a	uthority of the Darly Com	mission	DATE OF EXAMINA er of Maritime Affairs, R.L. and in comp	ATION: 19 JAN 2023
requirements of tr	ie Maritime Labour Convent	ion, 2006	for the Medical Examination of Seafarers	
Ine Medical Certificate shall	ll be valid for no more than	two (2)	convertise des des et et et et et	
years or age and r	or no more than one (1) year	for those	e under 18 years of age.	Nia/6
RLM-l05M (REV. 12/17)	DR. MIR. MD. RA MBBS (DU), DFM, CCD (Birdem), PG	IHAN	e under 18 years of age.	1/5/
<u> </u>	DMDU A-35144 MMC DC	DOLC	/ 全 (As Per-MLC	2006 *
	DG Shipping Bangladesh At General Physician		Mondo	1811
	Radical Hospitals Limite	nd.	80	1511

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.
- 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

Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

19 JAN 2023

RLM-I05M (REV. 12/17)



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.





Id No : 0435

Patient's Name: MD. AMINUL ISLAM

Specimen : Blood

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

Date: 19-Jan-2023 Age: 27Y 1M 1D

D.Date: 19-Jan-2023

Gender: Male

CDC NO: C/O/8095

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & ch

Parameter Name	Results	Reference Range	- 100
Hemoglobin (Hb) ESR(Westergreen)	12.9 gm/dl 10 mm/1st hr	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.	
Total WBC Count(TC)	10,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)	12372		411. 4111
Neutrophils	71 %	Child: 25-66 %, Adult: 40-75 %	A Admid I
Lymphocytes	25 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A.
Total Cir. Eosinophils	212 /cumm	50-450/cumm	
Total RBC Count	4.39 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	37.2 %	M: 40-54%, F:37-47%	
MCV	84.7 fL	76 - 94 fL	All h
MCH	29.4 pg	27 - 32 pg	
MCHC	34.7 g/dL	29 - 34 g/dL	RBCCURVE
RDW	12.6 %	11 - 16 %	
PDW	17.4 fL	35 - 56 fl	Allho.
Total Platelete Count (PC)	1,54,000 /cumm	150,000-450,000/cumm	
MPV	11.1 fL	7.0 - 11.0 fL	All line
PCT	0.171 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	PLT CURVE

Checked By Medical Techn

Dr. Sumara Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA23010435	Received Date	19/01//2023
Patient's Name	MD. AMINUL ISLAM		1 1
Patient's Age	27Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/8095
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Liver Function Test Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Gamma GT Total Protein	34 U/L 6.4 g/dl	Adult Males : <55 6.3-7.9 g/dl

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



Bill No	DIA23010435	Received Date	19/01//2023
Patient's Name	MD. AMINUL ISLAM		
Patient's Age	27Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	1),PGT(Eye),DFM	CDC NO: C/O/8095
Sample	BLOOD		

Result

SEROLOGYCAL REPORT

Test Name

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

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	DIA23010435	Received Date	19/01//2023
Patient's Name	MD. AMINUL ISLAM		
Patient's Age	27Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	//),PGT(Eye),DFM	CDC NO: C/O/8095
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-3/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 Hospitals Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	IDA23010435	Received Date	19/01/2023
Patient's Name	MD. AMINUL ISLAM		
Patient's Age	27Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDCNO:C/O/8095
Sample	BLOOD		

CHEMICAL TEST

TEST NAME RESULTS

CARCINOGENIC	NORMAL	
ISOCYANATE	NORMAL	
VINYL ACETATE	NORMAL	
EPICHLOROHYDRIN	NORMAL	
PHENOLS CRESOLS	NORMAL	

Checked By

Medical Technologis Radical Hospitals/Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Test Name



Bill No	DIA23010435	Received Date	19/01//2023
Patient's Name	MD. AMINUL ISLAM		10.00
Patient's Age	27Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/8095
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 Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Date: 19/01/2023

EYE EXAMINATION REPORT

NAME: MD AMINUL ISLAM

AGE: 27 YRS RANK: 4TH ENG CDC NO: C/O/8095

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/1.

UNAIDED

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. 23010435 Receive: 19/01/2023 Print: 19/01/2023

Patient's Name MD AMINUL ISLAM

Age 27 Yrs Sex M Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM Refd. by

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

AUDIOLOGICAL REPORT

Patient Name : MD AMINUL ISLAM

19/01/2023

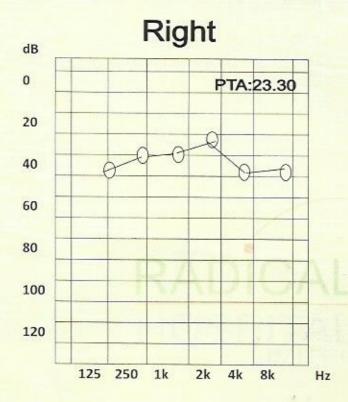
Age

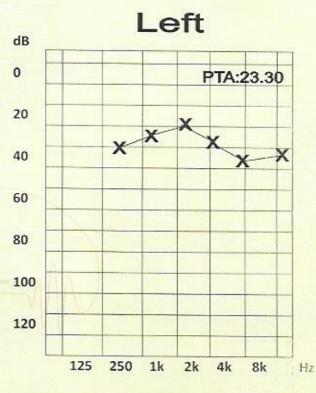
: 27 Yrs

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.

	Right Ear	Left Ear
Air Unmasking C	X	
Bone Unmasking	3	
	Right Ear	Left Ear
Air MaskingOX		

Bone Masking $\Delta\Delta$

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION

This is to certify that JE Soussigne (e) certifie que	AMINUL	date of brith no (e) le	18/12/1995	Sex sexe	М	
Whose signature follows dont la signature suit	Doniel					

has on the Date indicated been vaccinated or revaccinated against Cholera a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et quality professionelle Vaccinateure	Ceo	Approved Stamp Cechet d'authentification	
TO SEP 2018	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.	St. Sea Hanne		OLERA DUKORAL" to 2 yrs

DR. AHR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdom), PGT (Ophin)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

ORAL CHOLERA

DUKORAL

Valid Up to 2 yrs

Amount

Utser, Dieks

ORAL CHOLERA

DUKORAL

The validity of this certificate and benefit for a period of any months, heginbing six days after the first 2

Injection of vaccine of mathematic of a revaccination.

MBBS (DU), DFM, CCD (Sirdam), PGT (Ophin)

Amount

Amount

ORAL CHOLERA

DUKORAL

To provide the first 2

MBBS (DU), DFM, CCD (Sirdam), PGT (Ophin)

Amount

Notwithstanding the BMDC of control of a prior of a period of any months, and the days of the first 2

Notwithstanding the BMDC of control of a period of any months. The partition of a period of any months are the first 2

Notwithstanding the BMDC of control of a period of any months. The partition of a period of any months. The partition of a period of any months are the first 2

Notwithstanding the BMDC of control of a period of any months. The partition of a period of a period of any months. The partition of a period of

Notwithstanding the BMDC of a Storage and the Constitution of the storage and and an injections have been given at an injection of the second injection.

The approved stamp mention of the territory in which the vaccination is performed.

Any amendment of this certificate or crasure or failure to complete any part of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d'authentification doit être canforme au modele present perl'administration sanitaite du territoire ou la vaccination est effectuee.

Toule correction ou rature sur le certificate ou I o mission d'une quelconque des mentions qu'il comporte pe ut effecter sa validite.