# 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: HAQUE (Surname) MD MAHFUJ UL (First Name) (Middle Initial) Sex: MALE Serial No:

Date of Birth: 18/02/1984 PP/CDC: C/0/4926 Rank: CHIEF OFFICER

Vessel: Type: BULK CARRIER Route: WORLD WIDE

Home Address: JAHANARA KHASRU BHABAN RACE COURSE, BEHIND MISSION HOSPITAL, HOLDING NO. 460, COMILLA - 3500, BANGLADESH.

Company Name :

## 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 Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No | | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ | Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ | High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ | Asthama / 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 / Varicose veins | | ✓ | | ✓ | Nervous / Mental disease / Sleep disorder | | ✓ | | ✓ |
| Blood Disorder | | ✓ | | ✓ | Mallignant disease ( Cancer) | | ✓ | | ✓ |
| Female Disorder | | N/A | | ✓ | 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 |
|---|---|---|---|---|---|---|
| 167 cms | 78 KGS | 41 cms 42 | 120/80 mmHg | 78/min | 18/min | Good |

| Distant Vision | Uncorrected | Corrected | Field of Vision |
|---|---|---|---|
| Right Eye | | 6/6 | Normal |
| Left Eye | | 6/6 | Abnormal |

| Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|
| Right Ear | dB | 20 | 20 | 20 | | | | | |
| Left Ear | dB | 20 | 20 | 20 | | | | | |

| Colour Vision | | Normal | Abnormal |
|---|---|---|---|
| | Ishihara | | |
| | Other | Normal | Abnormal |

| Hearing | Right Ear | Left ear |
|---|---|---|
| | 4 | 4 |

## Systemic Examination

| | Normal | Abnormal |
|---|---|---|
| Head & Neck | ✓ | |
| Eyes | ✓ | |
| Ears / Nose / Throat | ✓ | |
| Teeth / Oral Cavity | ✓ | |
| Musculo-Skeletal system | ✓ | |
| Nervous system | ✓ | |
| Reflexes | ✓ | |
| Skin | ✓ | |

**Notes**

FIT FOR SEA SERVICE
AS CH. OFF
AS PER MLC 2006
Enhanced GARD Medicals done

| | Normal | Abnormal |
|---|---|---|
| Respiratory system | ✓ | |
| Cardiovascular system | ✓ | |
| Per Abdomen | ✓ | |
| Genito-urinary system | ✓ | |
| Others | ✓ | |
| Hernia / Hydrocoele | ✓ | |
| Varicose Veins | ✓ | |
| Fissure/Fistula/Piles | ✓ | |

## Investigations

| Blood | Result | Normal | Urine | |
|---|---|---|---|---|
| Hemoglobin | 16.5 gm% | 14-16 gm % | Colour | Straw |
| Total WBC count | 7,700 cu.mm | 4000-11000 / cu.mm | Specific Gravity | N/I |
| Neu 62 % Lymp 32 % Eos 02 Ba 00 % Mo 02 % | | | pH | 4 |
| Malarial parasite | Not Found | | Albumin | N |
| ESR | 05 mm / 1st hour | 1- - 15 mm / hr | Sugar | N |
| SGPT | 23 U/L | 9--43 U / L | Bile pigment | N |
| S.Cholesterol | N/E mg/dl | 145--260 mg / dl | Bile salts | N |
| S.Triglycerides | N/E mg/dl | upto 200 mg /dl | Occult blood | N |
| Blood Sugar | RBS N/I PPBS | upto 125 mg % | RBC cells | N |
| HbsAg | Negative | | Leucocytes | N |
| HIV I & II | Negative | | Others | |
| VDRL | Non Reactive | | | |
| Others | | GGTP U/L | Spirometry: | Normal |
| Blood Group | | | Drugs of Abuse: | Negative |

ECG : Normal TMT: N/E

X-Ray Chest: Normal USG: N/E

## 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, Doctor's Name: 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: 05 JAN 2025**

Candidate's Signature MD MAHFUJ UL HAQUE

Official Stamp: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Doctor's signature:

Date: 06 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.

04.2023.3090

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
# REPUBLIC OF PANAMA

| | |
|---|---|
| SURNAME: HAQUE | GIVEN NAME (S): MD MAHFUJ UL |
| DATE OF BIRTH: DAY 18 MONTH 02 YEAR 1984 | PLACE OF BIRTH CITY CUMILLA COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐ |
| POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐ | MAILING ADDRESS OF APPLICANT: JAHANARA KHASRU BHABAN RACE COURSE, BEHIND MISSION HOSPITAL HOLDING NO: 460, CUMILLA-3500 |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| VISION | WITHOUT GLASSES | WITH GLASSES | COLOR TEST TYPE | HEARING |
|---|---|---|---|---|
| RIGHT EYE | — | 6/6 | ☑ BOOK ☐ LANTERN YELLOW N/A RED N/A GREEN N/A BLUE N/A | RIGHT EAR N/A |
| LEFT EYE | — | 6/6 | | LEFT EAR N/A |

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 06 JAN 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

| Signature of Applicant | Name of Applicant | Date |
|---|---|---|
| MD MAHFUJ UL HAQUE | MD MAHFUJ UL HAQUE | 06 JAN 2023 |

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per-MLC-2006 Department of Shipping DATE: 06 JAN 2023

EXPIRY DATE OF CERTIFICATE: 05 JAN 2025

*This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*

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.

RADICAL HOSPITAL LIMITED

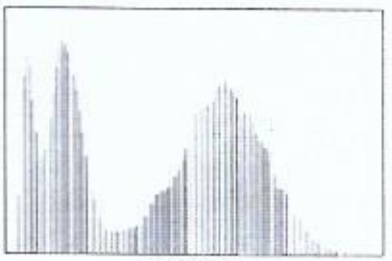
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| **Id No** : 0101 | **Date :** 06-Jan-2023 | **D.Date :** 06-Jan-2023 |
| **Patient's Name :** MD. MAHFUJ UL HAQUE | **Age :** 38Y 0M 0D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/4926 |

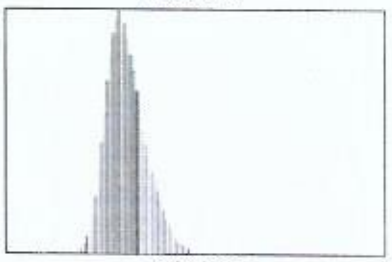
## Haematology Report

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

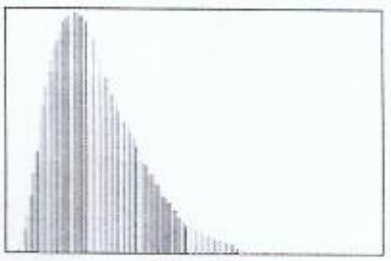
| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **16.3** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **05** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **7,700** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **62** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **32** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **03** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **03** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **231** /cumm | 50-450/cumm |
| **Total RBC Count** | **5.53** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **41.7** % | M: 40-54%, F:37-47% |
| MCV | **75.4** fL | 76 - 94 fL |
| MCH | **29.5** pg | 27 - 32 pg |
| MCHC | **39.1** g/dL | 29 - 34 g/dL |
| RDW | **13.3** % | 11 - 16 % |
| PDW | **17.4** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **2,56,000** /cumm | 150,000-450,000/cumm |
| MPV | **8.6** fL | 7.0 - 11.0 fL |
| PCT | **0.220** % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |



WBC CURVE



RBC CURVE



PLT CURVE

**Checked By**
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | IDA23010101 | Received Date | 06/01/2023 |
| Patient's Name | MD. MAHFUJ UL HAQUE | | |
| Patient's Age | 38Y OM OD | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDCNO:C/O/4926 | | |
| 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) | 25 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 33 U/L | Up to 37 U/L |
| Serum Alkaline Phosphatase | 155 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.

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 | DIA23010101 | Received Date | 06/01/2023 |
| Patient's Name | MD. MAHFUJ UL HAQUE | | |
| Patient's Age | 38Y 0M 0D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO;C/O/4926 |
| Sample | BLOOD | | |

# SEROLOGYCAL REPORT

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

Checked By

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RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA23010101 | Received Date | 06/01/2023 |
| Patient's Name | MD. MAHFUJ UL HAQUE | | |
| Patient's Age | 38Y OM OD | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO;C/O/4926 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | Straw | R B C | Nil |
| Appearance | Clear | Pus Cells | 0-2/HPF |
| Sediment | Nil | Epithelial | 0-2/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 | DIA23010101 | Received Date | 06/01/2023 |
| Patient's Name | MD. MAHFUJ UL HAQUE | | |
| Patient's Age | 38Y 0M 0D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO;C/O/4926 |
| 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.

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RADICAL HOSPITAL LIMITED

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Date: 06/01/2023

# EYE EXAMINATION REPORT

| | | | |
|---|---|---|---|
| NAME: | MD MAHFUJ UL HAQUE | | |
| AGE: | 38 YRS | RANK: CH.OFF | CDC NO: C/O/4926 |

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23010101 | Receive:06/01/2023 | Print: 06/01/2023 |
| *Patient's Name* | : | **MD MAHFUJ UL HAQUE** | | |
| *Age* | : | 38 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.<br>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

This report has been electronically signed.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

# AUDIOLOGICAL REPORT

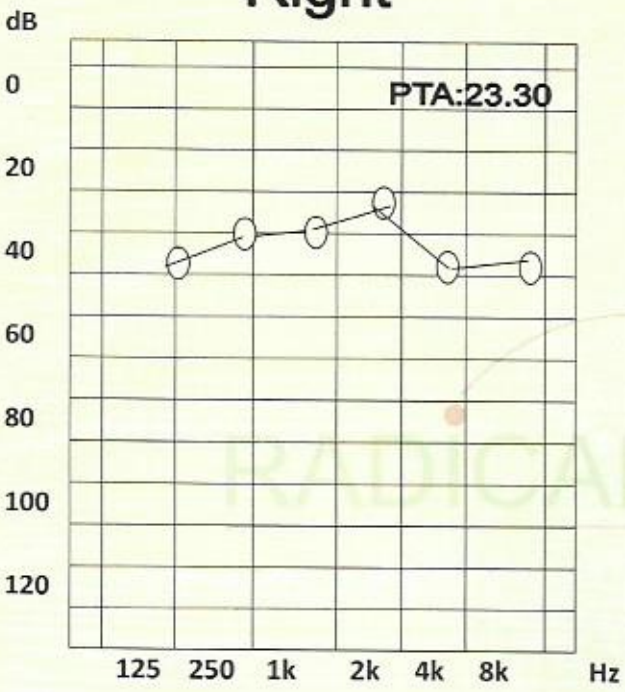
Patient Name : **MD MAHFUJ UL HAQUE** **06/01/2023**

Age : **38 Yrs**

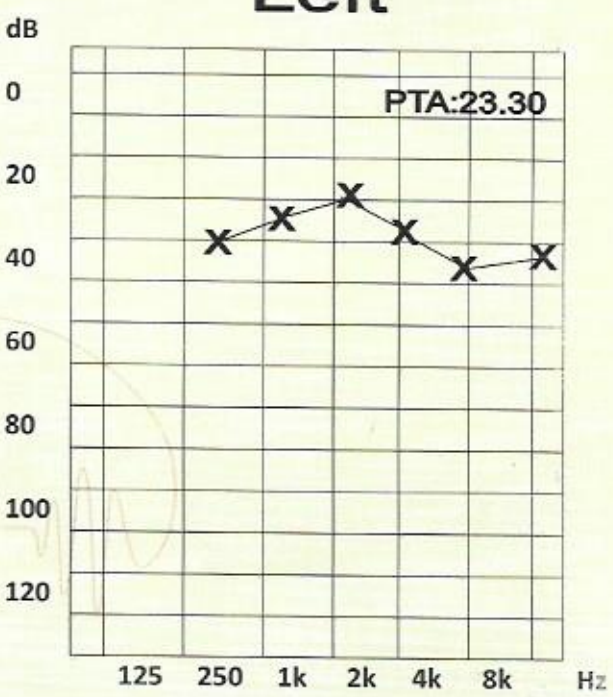
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

## Right




## Left




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

**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 CONTRE LE CHOLERA

This is to certify that MD MAHFUJ UL HAQUE date of brith 18/02/1984 Sex Male
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows MD MAHFUJ UL HAQUE
dont la signature suit

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 qualite professionelle Vaccinateur | Approved Stamp Cechet d'authentification |
|---|---|---|
| 1 | Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Reg. No. A 41434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka | New Popular Medical Services DG Health Licence No. ... ORAL CHOLERA "DUKORAL" Valid Upto 2 Years |
| 2 | DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. | CENTER FOR VACCINATION BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs |

10 JUN 2021

06 JAN 2023

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of the 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 from prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure 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 etre 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.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

# CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD MAHFUJ UL HAQUE
JE soussigne' (e) certifie que

date of brith 18/02/1984 Sex Male
no' (e) le sexe

Whose signature follows MD MAHFUJ UL HAQUE
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against yellow fever.
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

| Date | Signature and professional Status of Vaccinator Signature et titre du vaccinateur | Manufacturer and batch no of vaccine Fabricant du vaccin et nunne'to du lot | Official stamp of vaccinating centre Cachet officiel du centre de vaccination | |
|---|---|---|---|---|
| 25 MAY 2020 | | | | |
| 1 | Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCB (BIRDEM) BMDC. Reg. No. A 41434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka | YELLOW FEVER VACCINE L.No. 231.3 DAKAR | | New Popular Medical Services DG Health Licence No. 1828 |
| 2 | | | | |

This certificate is valid only if the vaccine used has been approved by the world Health organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten 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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n'est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre de vaccination ae'tc' habilite parl' adminstration sanitaire du territoire dans lcquel' ce centre est siture'

La validite' de ce certificate couvre une pe'riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode dc dix ans.le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main, son cachet official ne pouvant etre conside' re' commc lenant licu de signature.

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