

HAQUE & SONS LTD.



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Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HSL-004309

ANALES THOME ADDRESS: BA CHANPUR, KALIAKAIR, SHAKESHWAR-1703, GAZIPUR, BANGLADESH Condition Condition YES NO Condition YES NO Lise pyolysisn problem Lise pyolysisn problems Lise pyol	RNAME	O NO F	FIRST NA	AME AND				MIDDLE NAME		
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5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 8 Diabetes 9 Diabetes 9 Thyroid problem 9 Digestive disorder 10 Digestive disorder 11 Kidney problem 12 Skin problem 12 Skin problem 13 Allergies 13 Allergies 14 January Severe headaches 15 Hernia 16 Genital disorders 17 Pregnancy 18 Boak problem 19 January of the above questions were answered 'yes', please give details. **Additional questions** **Additional questions** **YES** **Are you ever been hospitalised? 3 Have you ever been hospitalised? 3 Have you ever been declared unfit for sea duty? 3 Have you ever been declared unfit for sea duty? 4 Do you deel healthy and fit to perform the duties of your designated position/occupation? **FIT FOR DUTY ON SOARD SHIP** **FIT FOR DUTY ON SOARD SHIP** **FIT FOR DUTY ON SOARD SHIP** **FIT FOR BUTY ON SOARD SHIP** **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **Pressonation of Seafarer** **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **Prescription** **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription or prescription medications? **FIT FOR BUTY ON SOARD SHIP** **Are you taking any non-prescription	4	Heart surgery		9	21					4
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Hearing meets the standards as laid down in STCW Code Section A-1/9 ?

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Near	010	0/			2	Left ey		-	-		
2377 207	meets the st	andard laid do	wn in STCW	Code S	Section A-1/9	JES /		- 8			
Colour vision	as per STC	W CODE Sect	ion A-I/9:	121	™al UL 2023	□ Doubti	23350	□ Def	fective		
Date of last o	olour vision (lest: Date (day	/month/year)			Wi					
			Normal	Abnorr	nal				No	mal	Abnorma
Head					Vario	ose veins			1	4	
Sinuses, nose	e, throat		B,		Vasc	ular (inc. pedal	pulses)			9	D
Mouth/teeth			0		Abdo	men and viscer	ra		1	4	
Ears (general	1)		9		Hemi	a			1	1	
Tympanic me			B.	D		(not rectal exa	m)				
Eyes	A-179 995 (45.855)		P.	Ω		system	20045		1		
Opthalmosco	ov		11			r and lower ext	remities				
Pupils	.,		4			(C/S, T/S and				1	
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Chest X-Ray		MA		MICAL	(LIVER FUNC	CTION TEST)	Marijuana		□ Positi	ve Ti	Negative
ECG	-	MAN	BILIRUBIN	T	0	<	Alcohol Test				Negative
272.70.777	BLOOD R/E	1111	SGPT		4	>	URINE R/E		L F OSI	2	Togative -
DC(differentia		NOO	SGOT		-	7	STAINE IVE	OT	HEDE	11	11
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WBC		X.400	Amphetamir			Negative	VDRL		□ Reac	tiv D	Vonreacti
	GLUCOSE	LEVEL	Phencyclidir			Negative	Blood Type			10	100
RANDOM		5.6	Barbiturates			Negative	Psychological E			17	10
HBA1C		5.1-/	Cocaine		☐ Positive [Negative	Others(KUB UI	trasound)	7	2	E
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MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

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SURNAME HASSAN	GIVEN N NAHID	AME(S)				
DATE OF BIRTH 12 26 1994 MONTH DAY YEAR	PLACE C GAZIPU CITY		BANG COUNT	LADESH RY	SEX MALE	□FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	W. C.	CHANPUR,	F APPLICANT: KALIAKAIR,	SHAKESHV	WAR-1703, G	AZIPUR,
MEDICAL EXAMINATION (SEE REVERSE SIDE FO	R MEDICAL R	EQUIREMENT	rs) STATE D	ETAILS O	N REVERSI	E SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	3 5/min	RESPIRATION	GENE	RAL APPEAI	RANCE	
VISION: WITHOUT GLASSES WITH GLASSES RIGHT EYE LEFT EYE LEFT EYE	_	HEARING RT. EAR	· MA	LEFT E/	A.P.	m,
	COLOR TEST N		□ YES □		" EXPLAIN C	ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQU		The State of the S	YES	No 🖵		
HEAD AND NECK NormU		200000000000000000000000000000000000000	CARDIOVAS	- N. N. S. T. S.	~1	
LUNGS		OFFICER)	DECK/NAVIGA	FIONAL OFF	ICER AND RA	
EXTREMITIES:				10		
UPPER		LOWER _		N	nmy	
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMME	ENDATIONS?	YES	No 🗌			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRA AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS OF IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO	ON BOARD?	YES N	O A VESSEL, OR 1	O RENDER H	M/HÉR UNFIT	FOR SERVICE
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M	EDICATIONS?	YES 🗌	No 🗆			
र्गा युव्युकान		12 JUL	2023		11 JUL	2025
SIGNATURE OF APPLICANT		DATE OF EXAM	MINATION	-	EXPIRY DAT	E
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE E						
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION FIT FOR DU			1	NAHID HA		
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE I			COOKS): YES			
SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY RADIO OFFICER / RATING / CHIEF COOK / CRESTRICTIONS:	y as a \square Ma Cook \square wit	STER / D HOUT ANY R	ECK OFFICER ESTRICTIONS	/ LENGIN / WITH T	EERING OFF HE FOLLOW	ICER / ING
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RA	AIHAN; M.B.I	3.S(D.U.), DF	M , REG. NO.	A-55144		
ADDRESS REDICAL HOSPITALS LIMITED 35,SHAH N	MAKHDUM A	VENUE SEC	CTOR -12 UT	TARA, DHA	KA-1230.	
NAME OF PHYSICIAN'S CERTIFICATING	DG SHIPPIN	G BANGLAI	DESH			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06-05	5-2014	History			40	
SIGNATURE OF PHYSICIAN	1 1		- (1) - (1)	200	12 JUL	2023
This certificate is issued by authority of the		WS1102 VI 1916	Algal Hos	hita/s	DATE	
This certificate is issued by authority of the	e Maritime Adm	inistrator and i	n comprience wit	h the reguler	nents	

of the Medical Examination (Seafarers) Convention 1946 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 Rev. Jul/2017

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Scafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40
 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - 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.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1).)

12 JUL 2023

DR. NTR. MD. RAIHAN
MBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144. MMC-BGD-016
BMDC A-55144. MMC-BGD-016
BMDC BASSING Bangladesh Approved
General Physician
Radical Hospitals Limited.

Rev. Jul/2017 MI-105M

CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME HASSAN		FIRST NAME				POSITION ON BOARD		
DATE OF BIRTH	PLACE C	Description Value			SEX	ID DOCUMENT NO		
26-DEC-1994	GAZIPUR			-	MALE	C/O/8113		
	(PLEAS	SE INDICATE BE	ELOW IF THE	LISTED	TESTS ARE W	THIN THE REFERENCE LEVE	EL)	
TEST		YES	NO		1	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)		J		LYM	PHOCYTE COU	VΤ	D'	
RED BLOOD CELL COUNT (RBC)		4		MON	IOCYTE COUNT			
PLATELET COUNT (PLT)		Ĭ Ĭ		EOS	INOPHIL COUNT			
HAEMOGLOBIN (HGB)		9		BAS	OPHIL COUNT			
HAEMOTOCRIT (HCT)		9		GRA	NULOCIYTE CO	UNT	<u> </u>	- 🗆
MEAN CORPUSCULAR VOLUME (MCV)	Ħ		THR	OMBOCYTE CO	UNT	9	
MEAN CORPUSCULAR HAEMOGLOBI	N (MCH)	Z		вю	CHEMISTRY		YES	NO
MEAN CORPULSCULAR HB. CONC (M	CHC)			ASP	ARTATE AMINO	TRANSFERASE (AST, SGOT)		
MEAN PLATELET VOLUME (MPV)		4		ALA	NINE AMINOTRA	NSFERASE (ALT, SGPT)		
RED BLOOD CELL DISTRIBTION WIDT	H (RDW)	a.		тот	AL BILIRUBIN		0	
NEUTORPHIL COUNT		5						
IF ANY OF THE ABOVE CHECMICA DETAILS BELOW, COMMENTS (fo			DICATES NI	EGATIV	E RESPONSE 1	TO CLINICAL TEST PARAM	ETERS, PLEASE (SIVE
	77		.0	ur ik				
Doctors Comments:								
	VO	Abm	07670	nu	el	Foun	a.	
To last)	MBBS	(DU). DFM. C	CD (BIIO	RAIHAN em), PGT (Ophth) IC-BGD-016			34
		DG	China an Hi	angiau	ician	12 JU	L 2023	
	L EXAMINER	MME)			:1 1 7	DATE	OF EXAMINATION	, v



Id No : 0296

Patient's Name: NAHID HASSAN

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8113

Date: 12-Jul-2023 Age: 28Y 6M 16D

D.Date: 12-Jul-2023

Gender: Male

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Apalyze

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	15.5 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)	7,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)		0,000-18,000/cullill	
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 % wsccu	RVE
Sosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	148 /cumm	50-450/cumm	
Total RBC Count	4.90 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	40.8 %	M: 40-54%, F:37-47%	
MCV	83.3 fL	76 - 94 fL	
MCH	31.6 pg	27 - 32 pg	
MCHC	38.0 g/dL	29 - 34 g/dL RBC CU	RVE
RDW	12.8 %	11 - 16 %	
PDW	16.6 fL	35 - 56 fl	
Total Platelete Count (PC)	2,44,000 /cumm	150,000-450,000/cumm	
MPV	9.7 fL	7.0 - 11.0 fL	
PCT	0.237 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	No.
		PLT CU	RVE

Checked By Medical Technologist

Dr. Sumaiya Khatun

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



Bill No	DIA23070296	Received Date	12/07/2023
Patient's Name	NAHID HASSAN		
Patient's Age	28Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO:C/O/8113
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.5 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	23 U/L	Up to 40 U/L
HbA1C	5.1 %	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Tost Name

Bill No	DIA23070296	Received Date	12/07/2023
Patient's Name	NAHID HASSAN	Trecorred Date	120112020
ratient's ivallie	NATIO HASSAN		
Patient's Age	28Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CDC NO C/O/8113
Sample	Blood		•

SEROLOGYCAL REPORT

restriante	resuit	
HIV 1 & 2 (Method : (ICT)	Negative	22
HBsAg (Method: (ICT)	Negative	
VDRL	Non-reactive	

OOD GROUPINGResult	0.01	
ABO Blood Group	"A" (+ve)	
Rh(D)Factor	Positive	

Result

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	DIA23070296	ID	-
Patient's Name	NAHID HASSAN	Received Date	12/07/2023
A			Electrical electrical
Patient's Age	28Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	A) PGT(Eve) DEM	1 100000000
Sample	URINE	,. Or(Lye),Drivi	CDC NO:C/O/8113

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/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

the

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	DIA23070296	Received Date	12/07/2023
Patient's Name	NAHID HASSAN		12/01/2020
Patient's Age	28Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	RDEM),PGT(Eye),DFM	CDC NO:C/O/8113
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. Sümaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



REF: MV. FAIR SKIES DATE: 12/07/2023

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

EYE EXAMINATION REPORT

NAME: NAHID HASSAN

RANK: 4TH ENG

CDC NO: C/O/8113

VISUAL ACUITY:

RIGHT

LEFT

G/6

UNAIDED

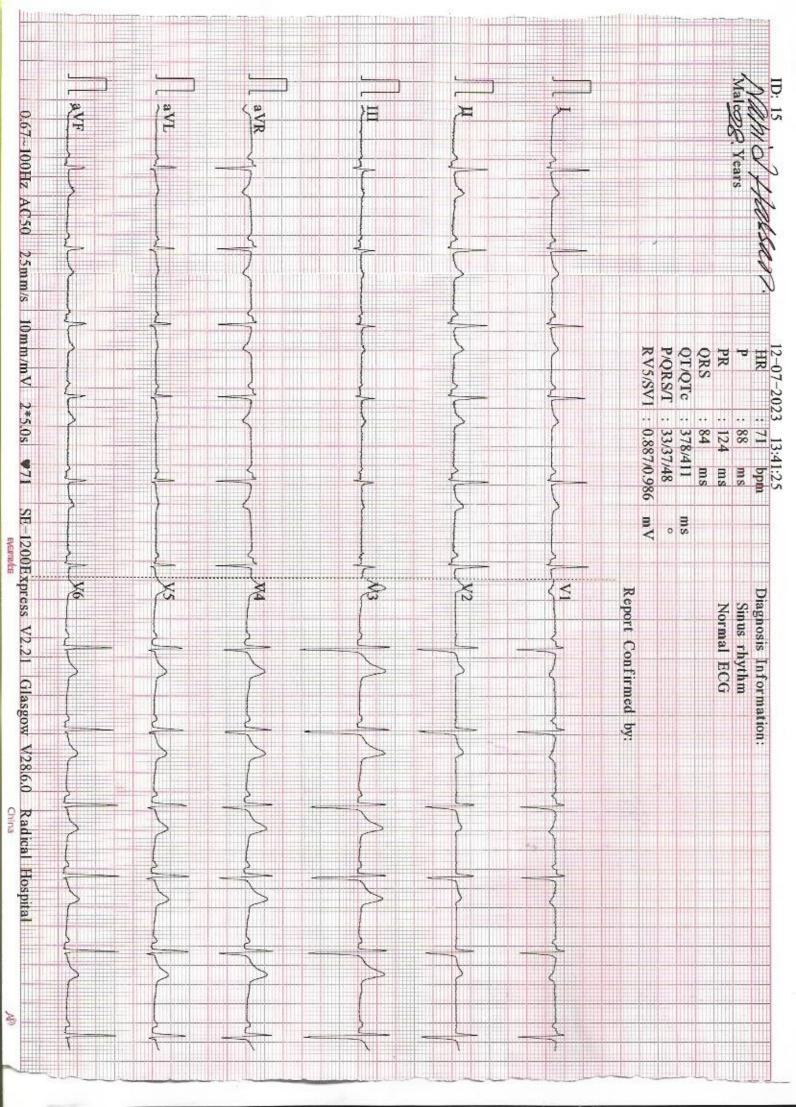
COLOUR VISION:

NORMAL/BLIND

CPINION:

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

Receive: 12/07/2023 Print: 12/07/2023 ID. No. 23070296

Patient's Name NAHID HASSAN

Age 28 Yrs Sex

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.

Normal in T.D. Heart

Lung fields are clear. Lung

Bony thorax Reveals no abnormality.

: Normal chest skiagram. Comments

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.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

अर्गुका न

Date of birth 26-DEC-1994 Sex MALE

NAHED HASSAN (C/0/81/3)

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
IN THE STATE OF TH	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.	L NO DAKAR AND THE REPORT OF THE PERSON OF T	35, Shah Nakhdum Joenus Uttara, Dhaka
2			
3	transmission of animals		3 4
4	Called State Control of the Ca	ACTION OF A STATE OF A	

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA <u> পাহদহারা ন</u> Date of birth 26-DEC-1994 Sex MALE NAHLD HASSAN (40/81/3) This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator 12 111 2012 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 2 3 3 4 4 5 5 6 7 7 8

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Continued overleaf Suite our erso