



HAQUE & SONS LTD.



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Accredited By SMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER H2340

MEDICAL EXAMINATION CERTIFICATE

URNAM		FIRST N/	AME.			MIDDLE NAME		
105.1	RAIHAN			IVIR				
	ND DATE OF BIRTH MILLA 11-May-1997	PASSPO	RT NUMBER			SEAMAN'S BO		
-	MILLA 11-May-1997 ALITY: BANGLADESHI SEX:	E/I Mala		86846	VDr. or	EL TIMESIA	CO10407	
	IENT HOME ADDRESS :	☑ Male	□ Female	VESSELT	ICONT	IEM. TANKER TR		ORLD WIE
	TOR BARI, VILL. RAMPUR, WARD	NO 6 PO	SHIMRA PS	KOTWALL			01521-486768	(SELF)/0
	MILLA, BANGLADESH.		ormanos, 13	. NOTWALL	RANK	1	3RD OFF	ICER
Have v	ou ever had any of the following cor	nditions?						-11
	Condition	YES	NO _o	Condi			7/50	
1	Eye/vision problem				problems		YES	NO
2	High blood pressure	П	ir l		smoke?		D	B
3	Heart/vascular disease	1.1		12 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ion/surge	DV.		B
4	Heart surgery	1.1	B		sy/seizure:		0	B
5	Varicose veins	D	W		ess/fainting		ñ	9
6	Asthma/bronchitis	П	18-	34303 65	f consciou		0	
7	Blood disorder	LI	W		atric probl			0
8	Diabetes	П	H	25 Depres		Citia	П	0
9	Thyroid problem		W		ssion ited suicid	lo.	D	13
10	Digestive disorder		N.		f memory		i i	0
11	Kidney problem		BC.		e problem			19
12	Skin problem		8		e headach		G G	4
13	Allergies	LI				problems	0	0
14	Infectious/contagious diseases							0
15	Hernia				ted mobili	ity		N
16	Genital disorders	D	D/		roblems		0	9
17	Pregnancy	n		MARKET MARKET TO	ation res/disloca	5,00,3000	0	N
36 37 38 39	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any	it for sea duty been restrict medical prob	ed or revoked llems, disease	es or illnesses			0	9638
40	Do you feel healthy and fit to p		duties of your	designated p	osition/oce	cupation?		E/
41	Are you allergic to any medication	is?		1/2 0/4		· · · · · · · · · · · · · · · · · · ·		占
Comm		R DUTY	N BOARD	SHIP				
42	Are you taking any non-prescription				7	and the	П	EV.
	please list the medications taken an	d the purpos	e(s) and dosa	ige(s)		34-45-41 115-41	U U	E
			nio) and doub	90(0)				
			V=					
I hereb	y authorize the release of all my pre	vious medica	al records from	n any health p	rofessiona	als, health instituti	ons and public author	orities
disqual	Mir Md. Raihan (approved medical p lify me from my employment, benefit	ractioner) I a	iso certify tha	t my history co	intained a	bove is true and a	any false statement v	will
	and the state of t	to drid claims						
	Dans							
-	Signature of Seafarer	-	100					
DICAL	EXAMINATION							
Weight		BM2.1	Blood Pressi	ure: Systolic-	20 1000	Diastolic 80 r	PULSE: 7	0.1/
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Right	☐ Adequate ☐ Inadequate	500	1000 200	00 3000	Personal Section Co., or other persons		dequate	
Left	☐ Adequate ☐ Inadequate		110		The V	dequate 🛮 Ina	dequate	
	g meets the standards as laid down	in STCW Co	de Section A	-1/9 ? YES		dequate □ Ina NO	dequate	

		Unaided	Visual a	acuity	-							Visua	al fields	
	Right e		ve	Right		ided	Left eye	e			Norm	ial	D	efective
Distant	6/6		6		-1-				Right	eve		_		
Near	ı								Left e			_		
		standard laid				_		/9	-YES	NO			-	
Colour vision	as per ST	CW CODE Se	ction A	-1/9.	41	No	rmal		☐ Doub!	ful	□ De	fective		
Date of last of	colour visio	n test: Date (d	ay/mont	th/year)	_1	9 J	UL 20	23				V 10 5 5		
	122				ven ne		8							
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Sinuses, nos	e. throat			-	Ü				e veins ır (inc. pedal	mulmont			1	0
Mouth/teeth			3	سك	O				en and visce				110	
Ears (genera	1)			سو	D			mia	ori and visce	Id			1	
Tympanic me			3		О				ot rectal exa	m)			30	
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Opthalmosco	ру		1	II.	П			000000000000000000000000000000000000000	nd lower ex	tremities			-	0
Pupils	2000		1	П					C/S, T/S and				ما	D
Eye moveme			ì	1	LI				gic (full brief				طا	D
Lungs and ch	est		1	4				ychia		611			5	0
Breast exami	nation		2	A	D				appearance	2			1	0
Heart			- 1	مد	U		Skir							
ESH TS OF A	NCH LADS	Y EXAMINATIO	ONE											
Chest X-Ray	MACIEL/AR	EAAMINA II		O CUE	MCAL	/I n	ED COS	NOT	ONLTEGE	Int.		Les I-	[-	
ECG		100		RUBIN	MICAL	LIV	EK FUN	NCII	ON TEST)	Marijuana		-		Negative
200	BLOOD R	11/1/	SGP					1.5	-	Alcohol Te		□ Pc	sitive	Negative
DC(differentia	-	m	SGO	Park Comment		-		7		URINE R/E			1	M
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HAEMOGLOI ESR (WEST)	POREM)	03	Morn		0071	Link	LCOHO		No.	HBsAg	ONL I			
ESR (WESTE	RGREN)	07	Morp	hine			Positive	1	Negative	HIV / AIDS	Test	□ Re	eactiv 1	Nonreacti
ESR (WESTE WBÇ	RGREN)	0700	Ampl	hine hetamir	ne		Positive Positive		Negative Negative	HIV / AIDS VDRL		□ Re	eactiv 1	
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	MEDICAL	. CERTI	IFICATE FOR	PERSONN	EL SERVICE	ON BOARD	
URNAME: RAIHAI	N		GI	VEN NAME (S):	TANVIR		
DATE OF BIRTH			PLAC	E OF BIRTH		-	SEX
DAY 11 MONTH 5 YEAR 1997			1997 CITY	COMILLA	COUNTRY	BANGLADES	MALE FEMALE
DAY 11 POSITION ON BOAF MASTER DECK OFFICER ENGINEERING OFF RADIO OPERATOR RATING	ICER		MAIL KAD 0 BAN	ING ADDRESS	S OF APPLICAN E, KERANIHAN		- ×
DECLARATION OF	THE AUTHORIZED	PHYSICI	IAN			Î	HEARING
	VISION				R TEST TYPE		HEARING
RIGHT EYE	WITHOUT GL	ASSES	WITH GLASSE	YELLOW ^	YELLOW PRED MY		~~ <u>~</u>
LEFT EYE					MY BLUE MY	LETT LAK	
Confirmation that ide						DI F	
Hearing meets the s	standards in STCW	Code, Sec	ction A-1/9?	NO	NOT APLICA	BLE	
Unaided hearing sat		NO					
Visual acuity meets	standards in STCV	V Code, S€	ection A-1/9? YES	NO NO			
(the visual test it is or Date of the last color Are glasses or cont Able for watchkeep	our vision test: (Day act lenses necessa ing? YES	/Month/Ye ry to meet O	the required vision		s NO		
Is applicant taking a							
endanger the health	of other persons of	n board? \	YES NO			e seafarers unfit	for such service or to
Hereby I declare th	lat I am in knowled	ge of the co	TANVIR I	RAIHAN			I-2023
OIDOLE ADDDO	of Applicant PPIATE CHOICE: OFFICER / RAD	(HE / SH IO OPER	ATOR / RATING	O BE (FIT / NO) (WITHOUT A	NY / WITH THE	Y AS A (MAST	er / DECK OFFCIER / RESTRICTIONS:
			FIT FOR DI	JTY ON BOA	RD SHIP		
ADDRESS: REDIC	REE OF PHYSICIA CAL HOSPITALS LIN CIAN'S CERTIFICA PHYSICIAN'S CER	ITED, 35, 8 TING AU1	R MD. RAIHAN; M. SHAH MAKHDUM A THORITY: DG SHI	B.B.S.(D.U.), RE	G. NO. A-55144 R-12, UTTARA, DH/ DESH	AKA-1230, BANGL	ADESH.
SIGNATURE OF		to	7	TAMP OF PHYSI	CIAN AS Per-INI		19 JUL 202
EXPIRY DATE O	F CERTIFICATE:		18 JUL		Tage .		
and the second		This	s certificate is issu wention, 1978, as	ed in complianc	e with the require Maritime Labour	Convention, 200	6.
	DR. MIR. MI	und removed	SIC SERVICE				
	JODG ON DELL COS	- 1	CONTRACT TO STATE OF THE STATE				

M888-0U) DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

SURNAME: RAIHA	N		GIVEN NAME (S):	TANVIR		
DATE OF BIRTH:		P	LACE OF BIRTH			SEX
DAY 11	MONTH 5 YEAR	A CONTRACT OF THE PARTY OF THE	ITY COMILLA	COUNTRY	BANGLADES	BANGETON MENOREMENT
POSITION ON BOAR		0.000	AILING ADDRESS	ACCUSTOMANCE.		MALE PENALE
MASTER	1101	100	ADAMTOLI MORE		10.00	
DECK OFFICER		0				
ENGINEERING OFF	ICER					
RADIO OPERATOR		В	ANGLADESH.			- 1
RATING	THE AUTHODITED DUVING					
DECLARATION OF	THE AUTHORIZED PHYSIC	JAN	1 00100	TEAT TWO		
	VISION	1 140711 01 401		TEST TYPE	-	HEARING
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	611			M RED W	1	- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
LEFT EYE	<u>%</u> .		GREEN M	BLUE WA	LEFT EAR	wwo
Confirmation that ide	ntification documents were	checked at the p	oint of examination	NO NO		
Hearing meets the st	andards in STCW Code, Se	جد ction A-1/9	3 NO	NOT APLICA	BLE	
Unaided hearing sati	sfactory YES NO					78.
Visual acuity meets :	standards in STCW Code, S	ection A-1/9? YI	H S NO			
Colour violen						
Luioui vision meets :	standards in STCW Code. S	ection A-1/9? Y	NO NO			
	standards in STCW Code, S	Section A-1/9? Y	NO NO			
(the visual test it is re	equired every six years)	19	JUL 2023			
(the visual test it is re Date of the last colou	equired every six years) ur vision test: (Day/Month/Ye	ar) 1,9	JUL 2023			
(the visual test it is re Date of the last colou Are glasses or conta	equired every six years) ur vision test: (Day/Month/Ye ct lenses necessary to meet	ar) 1,9	JUL 2023	40		
(the visual test it is re Date of the last colou Are glasses or conta Able for watchkeepin	equired every six years) ur vision test: (Day/Month/Ye ct lenses necessary to meet ng?**ES NO	the required visi	JUL 2023 ion standards? YES	40		
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BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	TANVIR RAIHAN	Date	19-Jul-2023
Age	26	Sex	MALE
Passport No	B00686846	CDC No	CO10407
Sample	BLOOD	Rank	3RD OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	AMAGI GALAXY	GINGA CHEETAH	83
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	2 6 FEB 2023	19 JUL 2023	-
Serum Bilirubin	0.5	0.8	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	17	26	Up to 37 U/L
Serum S.G.P.T.	24	22	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

DR. MIR. MD. RAIHAN
MBB\$ (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved

DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limiterision Date: 24th July 2022



Id No : 0567 Date : 19-Jul-2023 D.Date : 19-Jul-2023

Patient's Name: TANVIR RAIHAN Age: 26Y 2M 8D Gender: Female

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO/C/O/10407

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	20.4 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)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	194 /cumm	50-450/cumm
Total RBC Count	6.47 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	47.7 %	M: 40-54%, F:37-47%
MCV	73.7 fL	76 - 94 fL
MCH	31.5 pg	27 - 32 pg
MCHC	42.8 g/dL	29 - 34 g/dL
RDW	11.2 %	11 - 16 %
PDW	13.5 fL	35 - 56 fl
Total Platelete Count (PC)	1,88,000 /cumm	150,000-450,000/cumm
MPV	6.5 fL	7.0 - 11.0 fL
PCT	0.122 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By

Medical Technologist

Dr. Sumaiya Khatun

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



Bill No	DIA22070507		
	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10407
Sample	Blood	, , , , , , , , , , , , , , , , , , ,	22 2 110.010110101

BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
HbA1C	4.6 %	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



Bill No	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN	1,	10/01/2020
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10407
Sample	Blood		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

SEROLOGYCAL REPORT

Test Name	Result

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

OOD GROUPINGResult	
ABO Blood Group	"B" (+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



Bill No	DIA23070567		
Deti		Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		1.5.0,12020
Patient's Age	207 244 00		
r atient's Age	26Y 2M 8D	Patient's Sex	Male
Réf. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD/DIDDEN BOTH	- Andrews
0 .	-11 Mil Mai Raman MBB3,(DO),C	CD(BIRDEM),PG1(Eye),DFM	CDC NO:C/O/10407
Sample	URINE		ENERGY SOURCE

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



Test Name

Bill No	DIA23070567	Donning J Date	1000000
Patient's Name	TANVIR RAIHAN	Received Date	19/07/2023
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN		A CONTRACTOR OF THE STATE OF TH
Sample	URINE	1,7,7 O1(Eye),D1 W	CDC NO:C/O/10407

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA CHEETAH

DATE: 19/07/2023

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

EYE EXAMINATION REPORT

NAME: TANVIR RAIHAN RANK: 3RD OFF CDC NO: C/O/10407

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/1

616

AIDED

RADICAL

COLOUR VISION:

NORMAL / BLIND

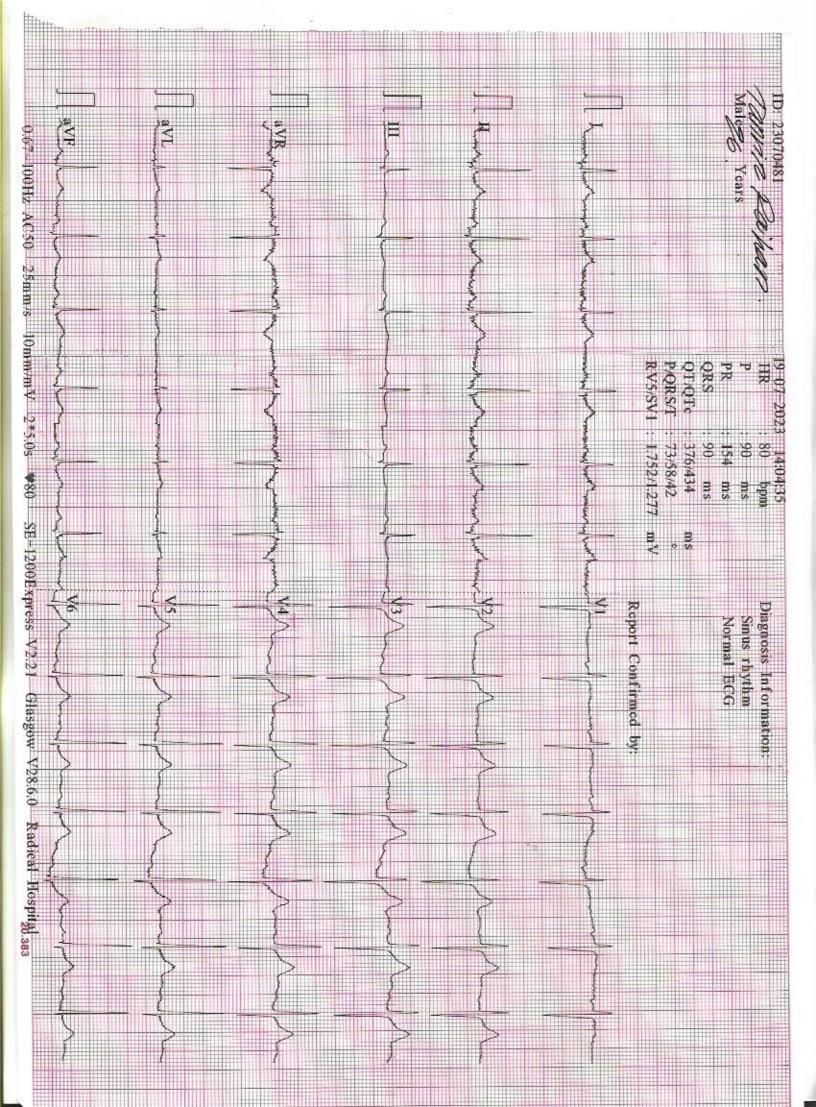
OPINION

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.

23070567

Receive: 19/07/2023

Print: 19/07/2023

Patient's Name

TANVIR RAIHAN

Age

26 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



Patient ID	23070567	Voucher No	
Test Name	USG OF KUB	Delivery Date	19/07/2023
Patient Name	TANVIR RAIHAN	Delivery Date	19/01/2023
Age	26 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CC		DFM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.3cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.0cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size & volume is 10.9cc regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS
Consultant Sonologist

RADICAL HOSPITAL LTD

HOUSE # 35, SECTOR -12, SHAH MAKHDUM AVENUE, UTTARA, DHAKA.

ULTRASOUND REPORT

Patient Name: Patient ID: TANVIR26YRS

567

Study ID: Patient Birthday 20230719144109













INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

. 0	AGAINST CH	IOLEKA		
THOUR RAI. This is to certify that	Date of birth 11-0	5-1917 s	ex	
whose signature follows	Lington (Urpado ze)			

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	ALIE TO SE
2	and Cholera	ON CENTRACTOR	
2	Dr. Md. Rafieut Isla M.B.B.S; A.MC (Part-1) Senfarer's Medical Practitione Approved By D.G. Shipping Disa	SOM DENOT	
19 AVE	1011 Regards A 22533	S. FOR VACCION	
3	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh approved General Physician	Avenuo Utlara, Ohdya	4
4	Radical Hospitals Limited.	N (14 35,844 Market	Louistanou
8	MBBS (DU), DFM, CCD (Birdem), PGT (Oph BMDC A-55144, MMC-BGD-01 DG Shipp.ng Bangladesh Approv General Physician Radical Hospitals Limited.	b) * Uttern, Dhata *	6
6			
7		7	8
8			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

	AGAINSI	I DEBOTT A Z T Z T Z	
This is to certify that whose menature follows		11-05-1997 Sex_M	

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
1	And Reform	Stanner	1 22
11	Dr. Md. Rafigul Islam	C200	
	Dr. Md. Raffico M.B.S.S. A.MC (Part-1) Senfarer's Medical Procutioner Approved By D.G.Shipping Dhaka. Regd No : A 22539		RANGLADE SH *
	Keda uo		
		-	-
10 yn	o		
2	Approach to the second	111	
3	Dr. Md. Ration International Section (No. 8, 8, 8, 8, 4, 9, 19, 19, 19, 19, 19, 19, 19, 19, 19,	in Strain	3 4
14,	Int left of the	(2)	人場

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. 1100 - 50-11

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.