



INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): RAHMAN MOHAMMAD SIDDIQUR

Date of birth (day/month/year): 15 / 11/ 1977 Sex: ☒ male • ☐ female

Home address: HOSSAINPUR, ASHRAFPUR, SHARASTI
CHANDPUR, BANGLADESH.

Passport No./Discharge Book No.: EE0001899 / CDC NO: C/O/5207

Type of ship (container, tanker, passenger, fishing):

Trade area (e.g., coastal, tropical, worldwide):

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleep problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
3. Heart/vascular disease	☐	☒	20. Operation/surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy/seizures	☐	☒
5. Varicose veins	☐	☒	22. Dizziness/fainting	☐	☒
6. Asthma/bronchitis	☐	☒	23. Loss of consciousness	☐	☒

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- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 7. Blood disorder | ☐ | ☒ | 24. Psychiatric problems | ☐ | ☒ |
| 8. Diabetes | ☐ | ☒ | 25. Depression | ☐ | ☒ |
| 9. Thyroid problem | ☐ | ☒ | 26. Attempted suicide | ☐ | ☒ |
| 10. Digestive disorder | ☐ | ☒ | 27. Loss of memory | ☐ | ☒ |
| 11. Kidney problem | ☐ | ☒ | 28. Balance problem | ☐ | ☒ |
| 12. Skin problem | ☐ | ☒ | 29. Severe headaches | ☐ | ☒ |
| 13. Allergies | ☐ | ☒ | 30. Ear/nose/throat problems | ☐ | ☒ |
| 14. Infectious/contagious diseases | ☐ | ☒ | 31. Restricted mobility | ☐ | ☒ |
| 15. Hernia | ☐ | ☒ | 32. Back problems | ☐ | ☒ |
| 16. Genital disorders | ☐ | ☒ | 33. Amputation | ☐ | ☒ |
| 17. Pregnancy | ☐ | ☒ | 34. Fractures/dislocations | ☐ | ☒ |

If any of the above questions were answered "yes", please give details.

Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

☐

☒



If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): 29 JUL 2023

Witnessed by: (Signature) _____ Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: _____ Date (day/month/year): 29 JUL 2023

Witnessed by: (Signature) _____ Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical examination

☒ Pre-sea ☐ Periodic ☐ Other

Sight

Visual acuity						
Unaided				Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	✓
Near				15	15	✓

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB) Speech and whisper test (metres)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20	20			Right ear	4	4
Left ear	20	20	20	20			Left ear	4	4



Height: 165 (cm) Weight: 75 (kg)
Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)
Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam.)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐			
Skin	☒	☐			

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 29 JUL 2023

Results: Normal

Other diagnostic test(s) and result(s):

Test Blood Ure Nitrogen Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



☒ Fit for look-out duty

☐ Not fit for look-out duty

Deck service

Engine service

Catering service

Other services

☐

☒

☐

☐

☐

☐

☐

☐

Without restrictions ☒

With restrictions ☐

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Place of examination: **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh Date of examination (day/month/year): **29 JUL 2023**

Medical certificate's date of expiration (day/month/year): **28 JUL 2025**

Official stamp (also print name of medical examiner if not legible) **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

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

Authorized by: **DG SHIPPING BANGLADESH** (competent authority)



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For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

Disclaimer | webinfo@ilo.org

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PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT RAHMAN	FIRST NAME MOHAMMAD	MIDDLE INITIAL SIDDIQUR
DATE OF BIRTH MONTH 11 DAY 15 YEAR 1977	PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLA	SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☐ MOU DECK ☐ ENGINEER ☒ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐	MAILING ADDRESS OF APPLICANT: HOSSAINPUR, ASHRAFPUR, SHARASTI CHANDPUR, BANGLADESH.	

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 165cm	WEIGHT 75kg	BLOOD PRESSURE 120/80mm	PULSE 78b/min	RESPIRATION 14b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES 6/6 6/6		DATE OF LAST COLOR VISION TEST (Month/Day/Year) 29 JUL 2023 Testing Required every 6 years			
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?		YES ☐ NO ☐			
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL		YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐			
HEARING: RT. EAR ☒ LEFT EAR ☒					
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal			
LUNGS Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Normal			
EXTREMITIES: UPPER ☒ LOWER ☒					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. NO					

SIGNATURE OF APPLICANT

29 JUL 2023
DATE OF EXAM

28 JUL 2025
EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD SIDDIQUR RAHMAN
(NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS, DFM
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY- 2014

SIGNATURE OF PHYSICIAN

DATE OF EXAMINATION: 29 JUL 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-I05M (REV. 12/17)

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



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.
- (f) 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

02. Pathological Test

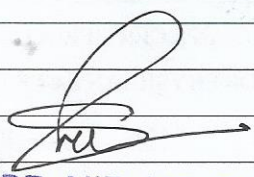
03. Radiological Test

04. Ophthalmology Examination For VA & CV

29 JUL 2023

RLM-105M (REV. 12/17)




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.

Bill No	DIA23071010	Received Date	29/07/2023
Patient's Name	MOHAMMAD SIDDIQUR RAHMAN		
Patient's Age	45 Y 0M 0D	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO C/O/5207
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
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Checked By


Medical Technologist,
Radical Hospitals Ltd.
Uttara, Dhaka.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23071010	Received Date	29/07/2023
Patient's Name	MOHAMMAD SIDDIQUR RAHMAN		
Patient's Age	45Y 0M 0D	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC C/O/5207
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 Technologist,
Radical Hospitals Ltd.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)

Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital

Date: 29/07/2023

EYE EXAMINATION REPORT

NAME:	MOHAMMAD SIDDIQUR RAHMAN		
AGE:	45 YRS	RANK: ETO	CDC NO:C/O/5207

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

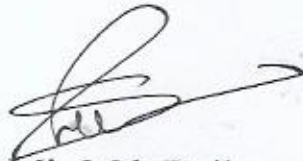
6/6

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 230701010 Receive: Print: 29/07/2023
Patient's Name : **MOHAMMAD SIDDIQUR RAHMAN**
Age : 45 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 77 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

ID: 009

29-07-2023 12:50:41

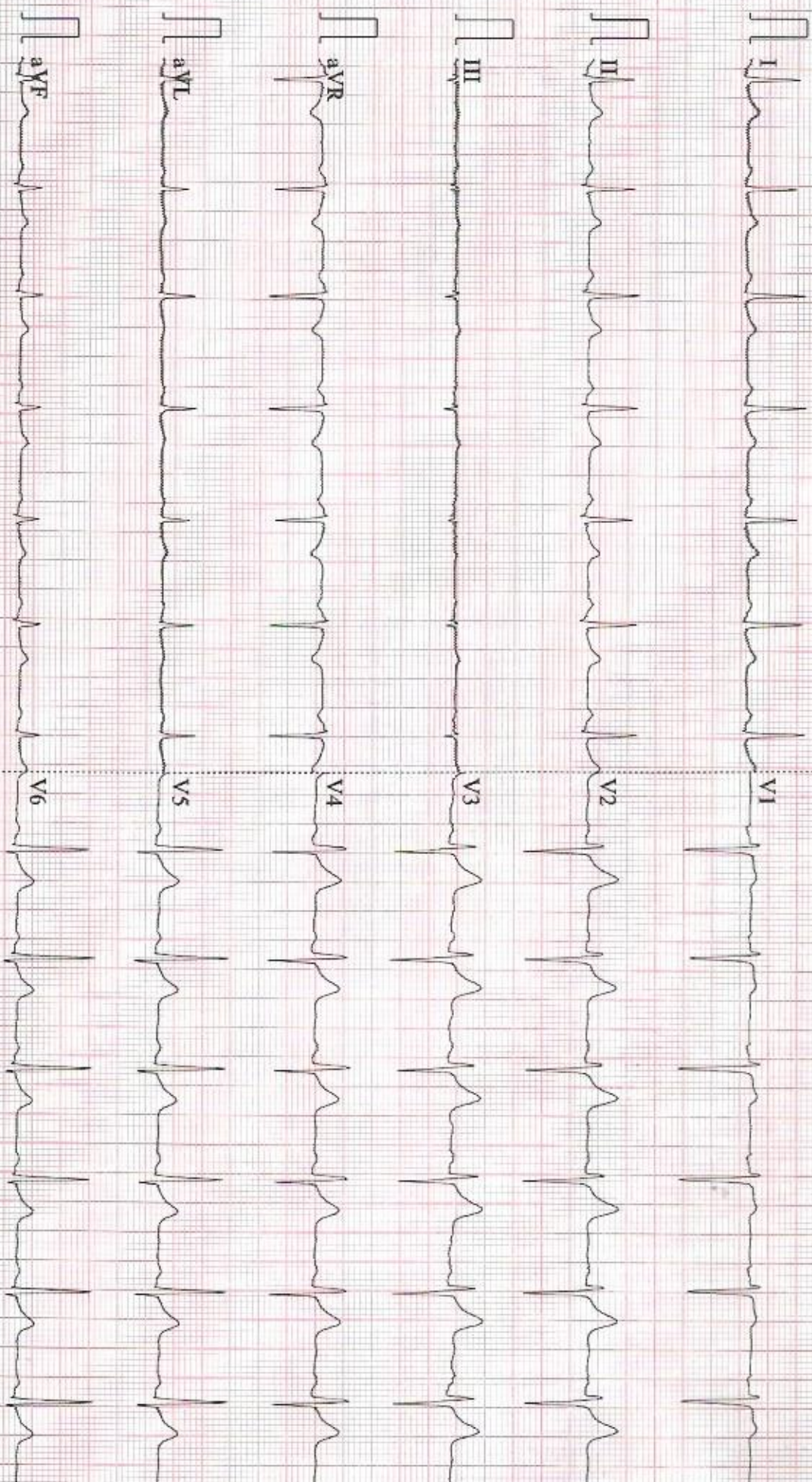
Muhammad Siddique Rahman
Male 45 Years

HR	: 77	bpm
P	: 114	ms
PR	: 152	ms
QRS	: 84	ms
QT/QTc	: 360/408	ms
P/QRS/T	: 38/23/45	°
RV5/SV1	: 1.205/1.154	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



TREADMILLSTRESS TEST

Patient ID	230701010	Test Date	29-07-2023	
Patient Name	MOHAMMAD SIDDIQUR RAHMAN	Age	45 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

Total Exercise Time : 09:09 Min
Max.HR attained : 168 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 166 bpm.
Maximum BP : 150/80 mmHg.
Max. work load attained : 13.01METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termination : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- **MOHAMMAD SIDDIQUR RAHMAN** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR.
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.


Dr. ROSEYAT PERVEEN
 MBBS, MD (Cardiology), NICVD, Dhaka
 Consultant, IBN SINA D-Lab, Uttara, Dhaka

Patient ID	23071010	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	29/07/2023
Patient Name	MOHAMMAD SIDDIQUR RAHMAN		
Age	45 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.1cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal.**

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

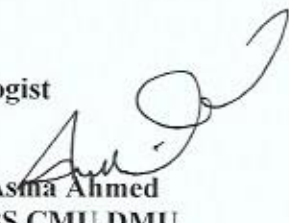
BOTH KIDNEYS :- Are normal in size. RK-8.7cm, LK-9.8cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist


Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training in TVS

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MOHAMMAD SADDIKUR RAHMAN

This is to certify that

JE Soussigne (e) certifie que

date of birth

no' (e) le

15/11/1977

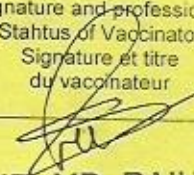
Sex

sexe

MALE

Whose signature follows
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date <u>29 JUL 2023</u>	Signature and professional Stahtus of Vaccinator Signature et titre du vacinateur 	Manufacturer and batch no of vaccine Fabricant du vaccine; numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMD C A-55144, MMC-BGD-016 2C Shipping Bangladesh Approved General Physician			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world Health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often 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 die signature

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

Ce certificate n' est valable que si le vaccine employe a e'te' approuve par l'organisation Mondiale de la sante' et si le centre a' ete' designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite' de ce certificat couvre une periode de dix ans comencant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination, de dix ans a compter du jour de cette revaccination.

Ca certificate do it etre signe par un me'decin de sa propre main, son cachet officiel ne pouvant eue conside' comme l'enant lieu de signature.

Toute alteration ou rature sur le certificat...

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

MOHAMMAD SIDDIQUR RAHMAN

This is to certify that
JE Soussigne (e) certifie que

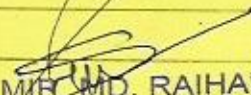
date of birth
no' (e) le

Sex
sexe

MALE

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
29 JUL 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 Hospital Ltd., Dhaka	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
2		
3		
4		

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

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

La validite de ce certificate couvre une periode de six mois commençant six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, a compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections pratiquées a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

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