

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: GHOSH SWARUP KUMAR Sex: MALE Serial No: _____

Date of Birth: 24 / 09 / 1995 PP/CDC: C1018534

Vessel: MV TOP BRILLIANCE Type: BULK CARRIER Rank: 4/E

Home Address: SONTOSH PARA, SIRAJDIKHAN, SIRAJDIKHAN, MUNSHIGANJ Route: WORLDWIDE

Company Name: TOP WISDOM

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / 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		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	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							
174cm	82kg	43-41	120/80 mmHg	78 bpm	19 bpm	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		4				4				

Systemic Examination

	Normal	Abnormal	Notes			Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS 4/E AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	☒	
Eyes	☒				Cardiovascular system	☒	
Ears / Nose / Throat	☒				Per Abdomen	☒	
Teeth / Oral Cavity	☒				Genito-urinary system	☒	
Musculo-Skeletal system	☒				Others	☒	
Nervous system	☒				Hernia / Hydrocoele	☒	
Reflexes	☒				Varicose Veins	☒	
Skin	☒				Fissure/Fistula/Piles	☒	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>14.4 gm%</u>	14-16 gm %	Colour
Total WBC count	<u>9.200 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
Neu <u>59</u> % Lymph <u>36</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> %			pH
Malan parasite	<u>Not Found</u>		Albumin
ESR	<u>07 mm / 1st hour</u>	1-15 mm / hr	Sugar
SGPT	<u>25 U/L</u>	9-43 U/L	Bile pigment
S.Cholesterol	<u>NIE mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>NIE mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	<u>5.1 PPBS</u>	upto 125 mg %	RBC cells
HbsAg	<u>Not Found</u>		Leucocytes
HIV I & II	<u>Not Found</u>		Others
VDRL	<u>Not Found</u>		Spirometry: <u>N/D</u>
Others		GGTP U/L	Drugs of Abuse: <u>Negative</u>
Blood Group			USG:

ECG: Normal TMT: N/D

X-Ray Chest: Normal

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, 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: 21 JUL 2025

Candidate's Signature: SWARUP KUMAR GHOSH

Date: 22 JUL 2023



Doctor's Signature: [Signature]

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.

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>GHOSH</u>	GIVEN NAME(S) <u>SWARUP KUMAR</u>
DATE OF BIRTH <u>09</u> MONTH <u>24</u> DAY <u>1995</u> YEAR	PLACE OF BIRTH <u>MUNSHIGANJ</u> CITY <u>DHAKA</u> COUNTRY <u>BANGLADESH</u>
SEX ☒ MALE ☐ FEMALE	MAILING ADDRESS OF APPLICANT: <u>SONTOSH PARA (VILL); BIRAJDIKHAN (P.S.)</u> <u>BIRAJDIKHAN (POST.OFFICE);</u> <u>MUNSHIGANJ (DIST), DHAKA</u>
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT <u>174cm</u>	WEIGHT <u>82kg</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>78b/min</u>	RESPIRATION <u>19b/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>	HEARING: RT. EAR <u>nm</u> LEFT EAR <u>nm</u>			

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK <u>Normal</u>	HEART (CARDIOVASCULAR) <u>Normal</u>
LUNGS <u>Normal</u>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>

EXTREMITIES:
UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

SWARUP KUMAR GHOSH

22 JUL 2023

21 JUL 2025

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

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:

FIT FOR DUTY ON BOARD SHIP

GHOSH SWARUP KUMAR

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER /

☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING

RESTRICTIONS:

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

22 JUL 2023

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer'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 Seafarer'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 Seafarer'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 I; 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-I, 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 an equivalent form.
(See RMI MG-7-47-1, §3.3).

22 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 Hospitals Limited.

MI-105M

Id No : 0682 **Date** : 22-Jul-2023 **D.Date** : 22-Jul-2023
Patient's Name : SWARUP KUMAR GHOSH **Age** : 27Y 9M 28D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/8534

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	59 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	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	144 /cumm	50-450/cumm
Total RBC Count	7.03 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.0 %	M: 40-54%, F:37-47%
MCV	52.6 fL	76 - 94 fL
MCH	20.5 pg	27 - 32 pg
MCHC	38.9 g/dL	29 - 34 g/dL
RDW	14.5 %	11 - 16 %
PDW	28.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,62,000 /cumm	150,000-450,000/cumm
MPV	9.9 fL	7.0 - 11.0 fL
PCT	0.101 %	0.1 - 0.4 %
Bleeding 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	DIA23070682	Received Date	22/07/2023
Patient's Name	SWARUP KUMAR GHOSH		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8534		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	23 U/L	Up to 40 U/L



Checked By

Medical Technologist
Radical Hospitals Ltd.


 Dr. Sumaiya Khatun
 M BBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital

Bill No	DIA23070682	Received Date	22/07/2023
Patient's Name	SWARUP KUMAR GHOSH		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8534
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
-----------------------	----------



Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23070682	Received Date	22/07/2023
Patient's Name	SWARUP KUMAR GHOSH		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/8534		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATION CASTS / LPE

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex. Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUEST CRYSTALS & 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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23070682	Received Date	22/07/2023
Patient's Name	SWARUP KUMAR GHOSH		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8534
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)
Associate Professor

Dept. of Microbiology
East West Medical College and Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23070682	Receive: 22/07/2023	Print: 22/07/2023
Patient's Name	: SWARUP KUMAR GHOSH		
Age	: 28 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

ID: 23070493

22-07-2023 11:13:41

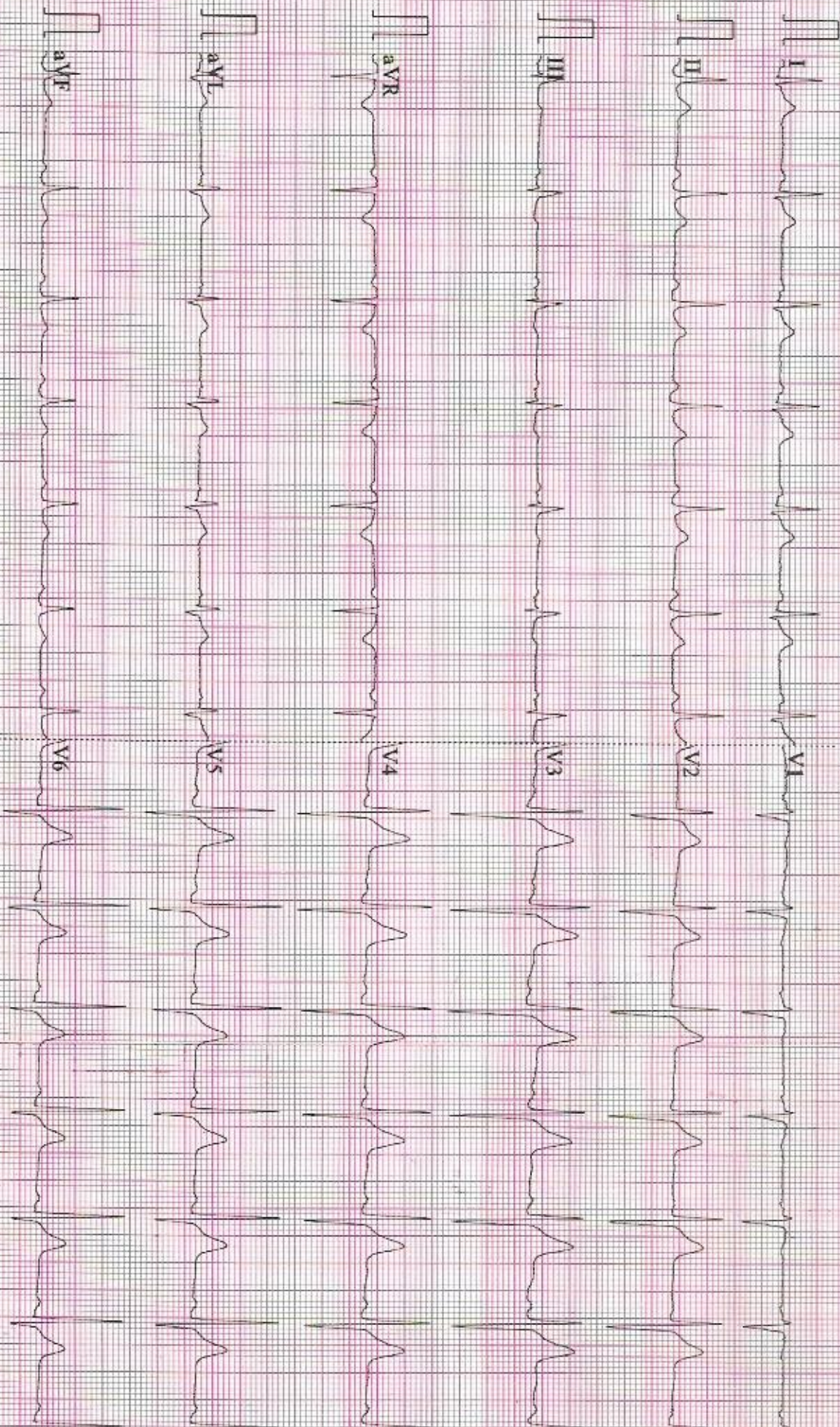
Supportive
Male 68 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 79	bpm
P	: 102	ms
PR	: 142	ms
QRS	: 96	ms
QT/QTc	: 336/386	ms
P/QRS/T	: 46/52/31	°
RV5/SVI	: 1.57/0.719	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070682 Receive: Print: 22/07/2023
 Patient's Name : **SWARUP KUMAR GHOSH**
 Age : 28 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 79 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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

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

**SWARUP KUMAR
GHOSH**

Date of birth
no (e) le

24.09.75

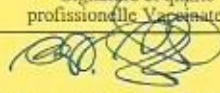
Sex
sexe

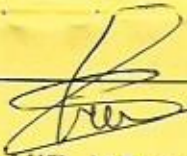
MALE

Whose signature follows
dont la signature suit

SWARUP KUMAR GHOSH

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

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
28 JUL 2022	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

22 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 Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
-------------	---	---

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 a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate, shall indicate that two injection 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 performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid.
La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité 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.

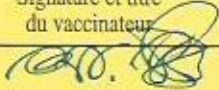
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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

This is to certify that JE Soussigne' (e) certifie que } SWARUP KUMAR GHOSH Date of birth } 29.09.95 Sex } MALE
no (e) le } sexe }

Whose signature follows } SWARUP KUMAR GHOSH
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a ete vaccine (e) ou revaccine (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et n° du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
28.09.2022	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care		
2			

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

This 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 that 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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.