

Tel: +880 31 716214-6, Fex: +880 31 710530



Accredited By : BMDC

Accreditation No. A 55144

PATIENT CONTROL NUMBER HSL-003996

MEDICAL EXAMINATION CERTIFICATE

C. NO			,						- Constant
SURNAME			FIRST N				MIDDLE NA	AME	
	RAHMAN	Name and Park		MOHAN	MAD			ARIFUR	
PLACE AND DAT	E OF BIRTH		PASSPO	RT NUMBER		111111111111111111111111111111111111111	SEAMAN'S	BOOK NUMBER	
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VILL. BUDDA, PO BANGLADESH.	. PASCHIMPARA, I	PS. SAF	RAIL, DIST.	BRAHMANBA	RIA,	RANK	101	N	IASTER

PLACE AND DATE OF B		PASSPC	RT NUMBER	MINIAD		SEAMAN'S BOO	K NUMBER	
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PERMANENT HOME AD				275	CONTA	ACT NUMBER :	+88019148	58444 (SELF)
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IN OLYDLOTI.								
Have you ever had any	of the following con-	ditions?			-			
Condition		VEC	NO. I					
1 Eye/vision pro	blom	YES	NO	Condi				ES NO
2 High blood pre					problems			
3 Heart/vascula		D	Ĺ l		u smoke?			
4 Heart surgery		11	1		tion/surger sy/seizures			
5 Varicose vein		D	II I	buck	ess/fainting			
6 Asthma/brond		11	1		of consciou			
7 Blood disorde		D	1		iatric proble			
8 Diabetes			14	25 Depre		Cilla		
9 Thyroid proble	em	[]	Th	200	pted suicide	e .		1 14
10 Digestive disc		П			of memory			1 1
11 Kidney proble					ce problem			
12 Skin problem		11	1		e headache			
13 Allergies					se/throat			1 110
14 Infectious/con	tagious diseases	1.1	14		cted mobili			
15 Hernia		1.1	1		problems		ſ	1 0
16 Genital disord	lers	U		33 Ampu				
17 Pregnancy			MA	34 Fractu	res/disloca	itions	1	0
38 Has your med 39 Are you awar 40 Do you feel I	r been declared unfit fical certificate ever be that you have any r healthy and fit to p fic to any medications	been restric medical pro erform the	ted or revoked' blems, disease	s or illnesses		supation?	ا) لم	
Comments:		5.17						
	Fri P	OR DUT	Y ON BOAR	RD SHIP	-			
42 Are you taking	g any non-prescriptio	n or prescr	iption medicatio	ns?	V		I	1 4
If yes, please list the m	edications taken and	the purpor	se(s) and dosag	ge(s)				
I harabu auth a faa tt		š	9	24 W				
I hereby authorize the to Dr. Mir Md. Raihan (release of all my previous	vious medic	cal records from	any health p	orofessiona	ils, health institutio	ns and public a	uthorities
disqualify me from my	employment benefit	s and claim	aiso certily triat is	my history c	ontained at	pove is true and ar	ly false stateme	ent will
71. V	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 0110 0101111						
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Signature	of Seafarer	-						
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04.2023.4269 To be cont'd on page 2 Revision: 5.1

Revision Date: 24th July 2022

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RESULTS OF A	NCILLARY	EXAMINATION	NS .							
Chest X-Ray		MM	BIO CHEMIC	CAL (LIV	ER FUNC	TION TEST)	Marijuana			Negative
ECG		MAS	BILIRUBIN		0.8	-	Alcohol Test		Positive C	Negative
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n Accordance with Medical Examinatio BMDQ: A:55164nMMCrBGDSQ\$6. 78) and STCW 1978/1996 as Amended, MLC 2006
DG Shipp.ng Bangladesh Approved

General Physician
Radical Hospitals Limited.

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

	70.00	or opere or	* ****	COUNTED ISLANDS	
SURNAME	*		GIVEN NAME(S)	
RAHMAN			монамма	D ARIFUR	
DATE OF BIRTH			PLACE OF BI	RTH	SEX
12	15	1973	DHAKA	BANGLADESH	SEA
MONTH	DAY	YEAR	CITY	COUNTRY	☑ MALE ☐ FEMALE
EXAMINATION FO	OR DUTY AS	22		DRESS OF APPLICANT:	
MASTER	curn			A, PO. PASCHIMPARA, PS. SAR	AIL,
DECK OFFI	NG OFFICER		DIST, BRAII	MANBARIA, BANGLADESIL	
RADIO OFF		n	BANGLADES	SH -	
RATING		П	DAMINIADE	,,,,	
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IS APPLICANT TAKING /	ANY NON-PRESCI	RIPTION OR PRESCRIPTIO	N MEDICATION Yes	LI No [+	9.1 1110 ****
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	SIGNATURE OF	APPLICANT		DATE OF EXAMINATION	EXPIRY DATE
THIS SIGNATURE SHO	OULD BE AFFIXED	IN THE PRESENCE OF TH	E EXAMINING PHY	SICIAN S	
THIS IS TO CERTIF	Y THAT A PHY	SICAL EXAMINATIO	ON WAS GIVEN:	(O: MOHAMMAD ARIF	UR RAHMAN
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THIS APPLICANT	IS CERTIFIED E	DEF OF COMMUNICAD	LE DISEASE (OR)	_	PRINCIPLE CO.
				/	
				MASTER / DECK OFFICER	
☐ RADIO OFFIC			COOK/ LI COO	OK WITHOUT ANY RESTRIC	TIÓNS /
☐ WITH THE FC	DLLOWING REST	TRICTIONS:			
NAME AND DEGREE	OF PHYSICIAN	DR, MIR MD, F	RAIHAN; M.B.B.	S(D.U.), REG. NO. A-55144	
ADDRESS RADICA	L HOSPITALS I	AMITED 35, SHAH MA	KHDUM AVENU	E .SECTOR-12 UTTARA, DHAKA-1	230. BANGLADESH
NAME OF PHYSICIAN	S CERTIFICATI	NG AUTHORITY	DG SHIPPING B		V22
DATE OF ISSUE OF PE	HYSICIAN'S CER	TIFICATE 6-May-2	014	Great Hospitale	A DO CARILLY
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	ins certificate is i	ssucd by authority of th	c Maritime Admin	ISTRAIOF SMERICACOMPLISTIC AND The F	countements

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 physical 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 physical 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 scafarer'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 car at 15 feet (4.57 m) and in poorer car at 5 feet (1.52 m).
- (b) Evesight
 - 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 I 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 venercal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able scafarer, bosun, GP-1, ordinary scafarer and junior ordinary scafarer 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 scafarers.

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).)

- 1. COMPLETE PHYSICAL EXAMINATION. INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINAT A) Complete Blood Count. B) Blood Sugar Estemation C) Serological (VDRL)

D) Hepatitis B Sarface Anteger Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol Test.

- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

DR. MIR. MD. RAIHAN
MB88 (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician

Radical Hospitals Limited.

MI-105M

Rev. Jul/2017



HAQUE & SONS LTD.



12.00

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

Name	MOHAMMAD ARIFUR RAHMAN	Date	22-Jun-2023
Age	49	Sex	MALE
Passport No	EE0989796	CDC No	CO3066
Sample	BLOOD	Rank	MASTER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	NEW CANDIDATE	FURANO GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	NA NA	22 JUN 2023	-
Serum Bilirubin	NA	0.8	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	NA	21	Up to 37 U/L
Serum S.G.P.T.	NA NA	27	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Tollar .

Doctor Seal & 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 Hospitelsibirritets: 24th July 2022

Revision: 5.1



Id No : 0592

Date: 22-Jun-2023

D.Date: 22-Jun-2023

Specimen

Patient's Name: MOHAMMAD ARIFUR RAHMAN Age: 49Y 6M 7D : Blood

Gender: Male

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO:C/O/3066

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	14.3 gm/dl 12 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
Total WBC Count(TC)	11,100 /cumm	Male: 0-10, F: 0-20 mm/1st hr. Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000 10,000/callilli
Neutrophils	52 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	24 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	22 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	2442 /cumm	50-450/cumm
Total RBC Count	5.14 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.9 %	M: 40-54%, F:37-47%
MCV	73.7 fL	76 - 94 fL
MCH	27.8 pg	27 - 32 pg
MCHC	37.7 g/dL	29 - 34 g/dL
RDW	12.8 %	11 - 16 %
PDW	14.5 fL	35 - 56 fl
Total Platelete Count (PC)	3,42,000 /cumm	150,000-450,000/cumm
MPV	7.7 fL	7.0 - 11.0 fL
PCT	0.263 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
19 (59) 31	37/302	

Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23060592	Received Date	22/06/2023
Patient's Name	MOHAMMAD ARIFUR RAHM	IAN	
Patient's Age	49Y 6M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3066
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
HbA1C	4.5 %	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	DIA23060592	Received Date	22/06/2023
Patient's Name	MOHAMMAD ARIFUR RAHM	IAN	
Patient's Age	49Y 6M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3066
Sample	BLOOD		Construction of the Constr

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"A" (-ve)
Rh(D)Factor	Negative

Crecked 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	DIA23060592	Received Date	22/06/2023
Patient's Name	MOHAMMAD ARIFUR RAHM	IAN	
Patient's Age	49Y 6M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CD		CDC NO:C/O/3066
Sample	URINE	William Tourism Commission Commis	The second control of

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	1-2/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

Chocked 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	DIA23060592	Received Date	22/06/2023
Patient's Name	MOHAMMAD ARIFUR RAHM.	AN	
Patient's Age	49Y 6M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/		CDC NO:C/O/3066
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. 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. FURANO GALAXY

DATE: 22/06/2023

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD ARIFUR RAHMAN RANK: MASTER CDC NO: C/O/3066

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

010

NORMAL / BLIND

OPINION

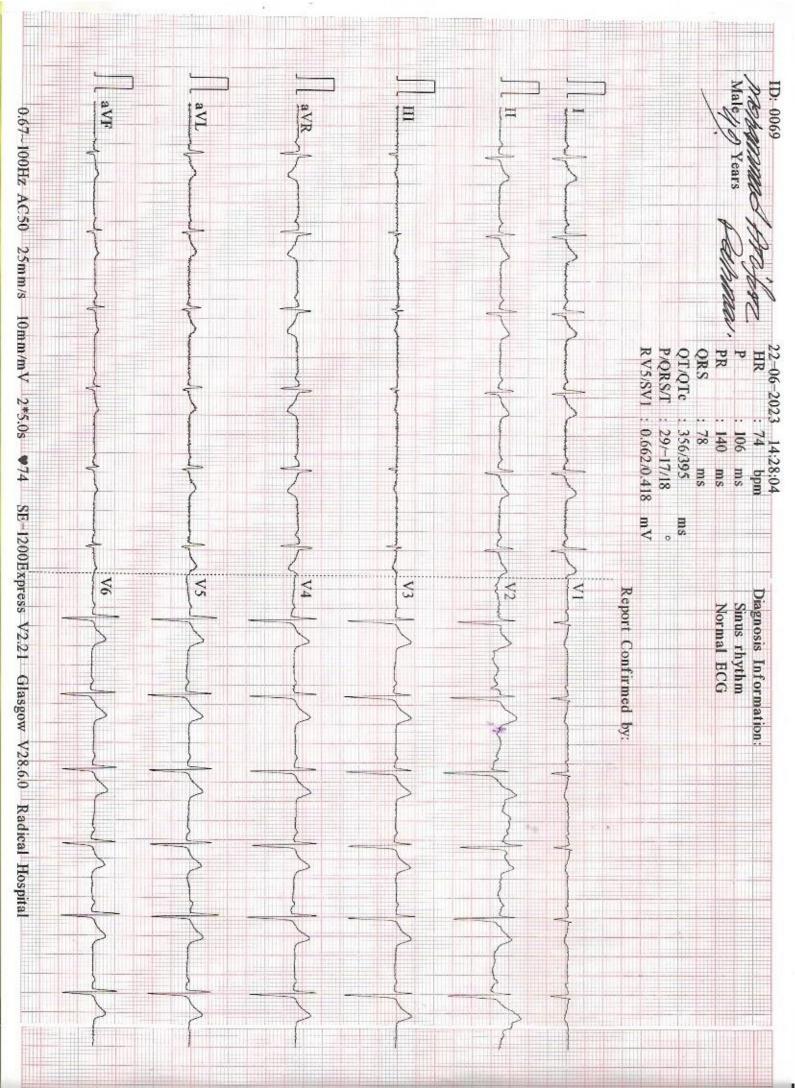
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060592 Receive:22/06/2023 Print: 22/06/2023

Patient's Name : MOHAMMAD ARIFUR RAHMAN

Age : 49 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 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	23060592	Voucher No	
Test Name	USG OF KUB	Delivery Date	22/06/2023
Patient Name	MOHAMMAD ARIFUR RAHMAN	Silvania Date	22/00/2020
Age	49 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.8cm. 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 11.1cm. 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 9.0cc regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed 22
MBBS,CMU,DMU
PGT(Gynae &

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth LS-DEC-1973 Sex 7

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 FOCO	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.	L NO CO DAKAR	Ston Machdam S Avenue Uttare, Dhoka
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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 RATIONAL AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 15-DEC-1973 Sex 7 ALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved St	amp
Date	DR. MR MD. RAIHAN MBBS (DU): DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	S. Shah Malahdan Avenue Uttara, Dheka	
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