

# 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: **SOURAV HASAN JUBAYER** Sex: **MALE** Serial No:   
 Date of Birth: **09/10/1992** PP/CDC: **C10/6800** Rank: **2<sup>ND</sup> OFF**   
 Vessel: **MT. ST. NIKOLAI** Type: **TANKER** Route: **WORLD WIDE**   
 Home Address: **HOUSE #33, KOBIL JUSHIMUDDIN ROAD, EAST SHEHJALABUNIA**   
**MONGLA, BAGHERHAT- P.O: 9350**   
 Company Name: **OSM THOME**

## 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 |      |
| 168cm          | 76kg          | 48-41          | 110/80mmHg                 | 78b/min           | 19b/min          | Good              |      |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000 |
| Right Eye      | 6/6           |                | Normal                     | Right Ear         | dB               | 20                | 20   |
| Left Eye       | 6/6           |                | Abnormal                   | Left Ear          | dB               | 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             |        |          | <b>FIT FOR SEA SERVICE</b><br><b>AS 2<sup>ND</sup> OFF</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> |  | 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                                    | 14.8 gm%         | 14-16 gm %         | Colour           |
| Total WBC count                               | 7.800 cu.mm      | 4000-11000 / cu.mm | Specific Gravity |
| Neu 62 % Lymph 33 % Eos 02 % Bas 00 % Mo 02 % |                  |                    | pH               |
| Malarial parasite                             | NOT FOUND        |                    | Albumin          |
| ESR                                           | 06 mm / 1st hour | 1-15 mm / hr       | Sugar            |
| SGPT                                          | 20 U/L           | 9-43 U/L           | Bile pigment     |
| S.Cholesterol                                 | 138 mg/dl        | 145-260 mg / dl    | Bile salts       |
| S.Triglycerides                               | 108 mg/dl        | upto 200 mg /dl    | Occult blood     |
| Blood Sugar                                   | RBS 5.0 PPBS     | upto 125 mg %      | RBC cells        |
| HbsAg                                         | NEGATIVE         |                    | Leucocytes       |
| HIV I & II                                    | NEGATIVE         |                    | Others           |
| VDRL                                          | NOT RUN          |                    | Spirometry:      |
| Others                                        |                  | GGTP U/L           | N/D              |
| Blood Group                                   | B+ve             |                    | Drugs of Abuse:  |
| ECG: Normal                                   |                  | TMT: N/D           | Negative         |
| X-Ray Chest:                                  | Normal           |                    | USG:             |



## 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, Doctor's Name: 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: **08 JUN 2025**

Candidate's Signature

Date: **09 JUN 2023**



Doctor's signature:  
**DR. MIR MD. RAIHAN**  
 MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)  
 BMDC A-55144, MMC-BGD-016  
 DG Shippng Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.

04.2023.4173





# MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

|                                                                     |                                    |                                                                                    |
|---------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------|
| Seafarer's Name : (Last, first, middle) <b>SOORAV HASAN JUBAYER</b> |                                    | Gender: <input checked="" type="checkbox"/> Male/ <input type="checkbox"/> Female* |
| Date of Birth: (Day/month/year)<br><b>09 SEPT 1992</b>              | Nationality:<br><b>BANGLADESHI</b> | Place of Birth:<br><b>BAGERHAT</b>                                                 |

Declaration of the recognized medical practitioner:

|                                             |                                                                                                                                                                                    | Yes                                 | No                       |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1                                           | Identification documents were checked at the point of examination?                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2                                           | Hearing meets the standards in STCW Code Section A-I/9?                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3                                           | Unaided hearing satisfactory?                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4                                           | Visual acuity meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5                                           | Colour vision meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date of last colour vision test:            |                                                                                                                                                                                    | <b>09 JUN 2023</b>                  |                          |
| 6                                           | Fit for look-out duty?                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7                                           | Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8                                           | No limitations or restrictions on fitness?                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "no" specify limitations or restrictions |                                                                                                                                                                                    |                                     |                          |
| 9                                           | Date of examination: (day/month/year)                                                                                                                                              | <b>09 JUN 2023</b>                  |                          |
| 10                                          | Expiry of certificate: (day/month/year)<br>** Maximum two years from date of examination unless the seafarer is under the age of 18                                                | <b>08 JUN 2025</b>                  |                          |

**09 JUN 2023**

**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.

Date

Signature of Authorised  
Medical Practitioner

Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

\* delete as appropriate






**MARITIME AND PORT AUTHORITY OF SINGAPORE  
SHIPPING DIVISION**
**M P A**  
SINGAPORE
**RECORD OF MEDICAL EXAMINATIONS OF SEAFARER**

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

|                                                                                                                                 |                                                  |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| Seafarer's Name : (Last, first, middle) <b>SOURAV HASAN JUBAYER</b><br>(BLOCK CAPITALS)                                         |                                                  | Gender:<br>Male/Female* <input checked="" type="checkbox"/>                |
| Date of Birth: day/month/year<br><b>08 SEPT 1992</b>                                                                            | Place of Birth:<br><b>BAGERHAT</b>               | Nationality: <b>BANGLADESHI</b>                                            |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A)<br>/ Passport No. for Foreigners:<br><b>EF0145728</b> | Dept: Deck / Engine / Catering / others<br>Rank: | Type of ship:<br><b>TANKER</b>                                             |
| Home Address: <b>HOUSE #33, EAST - SHEHELABUNIA, KOSI JOSHINUDDIN ROAD, MONGLA, BAGERHAT. P.O: 3350</b>                         | Routine and emergency duties:                    | Trading area: e.g. coastal / worldwide <input checked="" type="checkbox"/> |

\*For identity verification purpose

**Seafarer's Declarations (please tick)**

Have you ever had any of the following conditions?

|                                      | Yes | No                                  |                                               | Yes | No                                  |
|--------------------------------------|-----|-------------------------------------|-----------------------------------------------|-----|-------------------------------------|
| 1. Eye/vision problem                |     | <input checked="" type="checkbox"/> | 18. Sleep problem                             |     | <input checked="" type="checkbox"/> |
| 2. High blood pressure               |     | <input checked="" type="checkbox"/> | 19. Do you smoke, use alcohol or drugs?       |     | <input checked="" type="checkbox"/> |
| 3. Heart/vascular disease            |     | <input checked="" type="checkbox"/> | 20. Operation/surgery                         |     | <input checked="" type="checkbox"/> |
| 4. Heart Surgery                     |     | <input checked="" type="checkbox"/> | 21. Epilepsy/seizures                         |     | <input checked="" type="checkbox"/> |
| 5. Varicose veins/piles              |     | <input checked="" type="checkbox"/> | 22. Dizziness/fainting                        |     | <input checked="" type="checkbox"/> |
| 6. Asthma/bronchitis                 |     | <input checked="" type="checkbox"/> | 23. Loss of consciousness                     |     | <input checked="" type="checkbox"/> |
| 7. Blood disorder                    |     | <input checked="" type="checkbox"/> | 24. Psychiatric problems                      |     | <input checked="" type="checkbox"/> |
| 8. Diabetes                          |     | <input checked="" type="checkbox"/> | 25. Depression                                |     | <input checked="" type="checkbox"/> |
| 9. Thyroid problem                   |     | <input checked="" type="checkbox"/> | 26. Attempted suicide                         |     | <input checked="" type="checkbox"/> |
| 10. Digestive disorder               |     | <input checked="" type="checkbox"/> | 27. Loss of memory                            |     | <input checked="" type="checkbox"/> |
| 11. Kidney problem                   |     | <input checked="" type="checkbox"/> | 28. Balance problem                           |     | <input checked="" type="checkbox"/> |
| 12. Skin Problem                     |     | <input checked="" type="checkbox"/> | 29. Severe headaches                          |     | <input checked="" type="checkbox"/> |
| 13. Allergies                        |     | <input checked="" type="checkbox"/> | 30. Ear(hearing, tinnitus/nose/throat problem |     | <input checked="" type="checkbox"/> |
| 14. Infectious / contagious diseases |     | <input checked="" type="checkbox"/> | 31. Restricted mobility                       |     | <input checked="" type="checkbox"/> |
| 15. Hernia                           |     | <input checked="" type="checkbox"/> | 32. Back or joint problem                     |     | <input checked="" type="checkbox"/> |
| 16. Genital disorder                 |     | <input checked="" type="checkbox"/> | 33. Amputation                                |     | <input checked="" type="checkbox"/> |
| 17. Pregnancy                        |     | <input checked="" type="checkbox"/> | 34. Fracture/dislocations                     |     | <input checked="" type="checkbox"/> |

If you answer "yes" to any of the above questions, please provide 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 even 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 medication?                                                       |     | ✓  |
| 42. Are you using any non-prescription or prescription medication?                            |     | ✓  |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

09 JUN 2023

Date



Signature of Seafarer

**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.

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN.

09 JUN 2023

Date



Signature of Seafarer

**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
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Name and Signature of Witness





# Part B – Result of medical examinations

## Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type ..... Purpose .....

## Visual Acuity

| Unaided   |          |           | Aided     |          |           |
|-----------|----------|-----------|-----------|----------|-----------|
| Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant   | 6/6      | 6/6       | Distant   |          |           |
| Near      | NS       | NS        | Near      |          |           |

## Visual fields

|           | Normal | Defective |
|-----------|--------|-----------|
| Right eye | ✓      |           |
| Left eye  | ✓      |           |

## Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

## Hearing

| Pure tone and audiometry (threshold values in dB) |        |          |          |          |
|---------------------------------------------------|--------|----------|----------|----------|
|                                                   | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz |
| Right ear                                         | 20     | 20       | 20       |          |
| Left ear                                          | 20     | 20       | 20       |          |

## Speech and whisper test (metres)

|           | Normal | Whisper |
|-----------|--------|---------|
| Right ear | 4      | 4       |
| Left ear  | 4      | 4       |

## Clinical Findings

|                                 |              |                   |         |            |
|---------------------------------|--------------|-------------------|---------|------------|
| Height                          | 168 (cm)     | Weight            | 76 (kg) |            |
| Pulse rate                      | (per minute) | 78                | Rhythm  | Regular    |
| Blood Pressure Systolic (mm Hg) | 120          | Diastolic (mm Hg) | 80      |            |
| Urinalysis: Glucose :           | Nil          | Protein:          | Nil     | Blood: Nil |

|                     | Normal | Abnormal |
|---------------------|--------|----------|
| Head                | ✓      |          |
| Sinus, nose, throat | ✓      |          |
| Mouth/teeth         | ✓      |          |

|                             |     |  |
|-----------------------------|-----|--|
| Ears (general)              | /   |  |
| Tympanic membrane           | /   |  |
| Eyes                        | /   |  |
| Ophthalmoscopy              | /   |  |
| Pupils                      | /   |  |
| Eye movement                | /   |  |
| Lungs and chest             | /   |  |
| Breast examination          | N/A |  |
| Heart                       | /   |  |
| Skin                        | /   |  |
| Varicose Vein               | /   |  |
| Vascular (inc. pedal pulse) | /   |  |
| Abdomen and viscera         | /   |  |
| Hernia                      | /   |  |
| Anus (not rectal exam)      | /   |  |
| G-U system                  | /   |  |
| Upper and lower extremities | /   |  |
| Spine (C/s, T/S, L/S)       | /   |  |
| Neurologic (full/brief)     | /   |  |
| Psychiatric                 | /   |  |
| General appearance          | /   |  |

#### Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 09 JUN 2023

Results: Normal chest X-ray

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

Test: Blood urine

Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

**FIT FOR DUTY ON BOARD SHIP**

#### Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

|       | Deck Service | Engine Service | Catering Service | Other Service |
|-------|--------------|----------------|------------------|---------------|
| Fit   | /            |                |                  |               |
| Unfit |              |                |                  |               |



☒ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

09 JUN 2023

Date

Signature of  
Medical Practitioner



**DR. MIR. MD. RAIHAN**  
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BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Medical Practitioner's name, licence number, address

\*\*\*\*\*



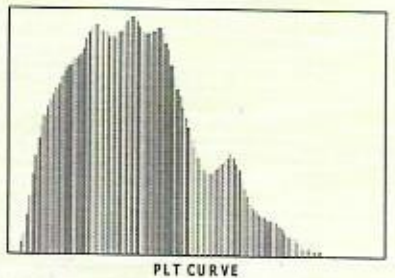
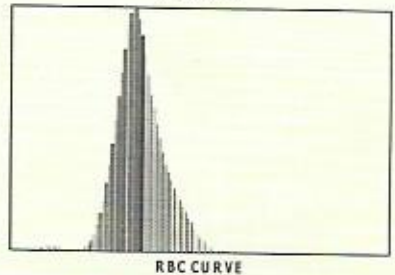
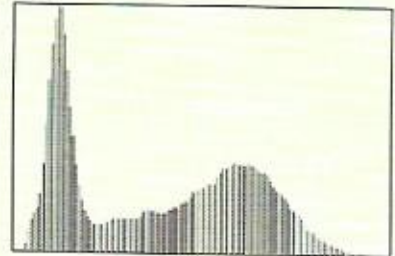


**Id No** : 0239 **Date** : 09-Jun-2023 **D.Date** : 09-Jun-2023  
**Patient's Name** : HASAN JUBAYER SOURAV **Age** : 30Y 0M 22D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6800

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>14.8</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>06</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,800</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>62</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>33</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>156</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.56</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>37.3</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>81.8</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>32.5</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>39.7</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.3</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>16.5</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,64,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>11.6</b> fL        | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.121</b> %        | 0.1 - 0.0 %                                                                                        |



*[Signature]*  
**Checked By**  
Medical Technologist

*[Signature]*  
**Dr. Sumaiya Khatun**  
MBBS,MD(Gold Medalist) (BSMMU)  
Associate Professor  
Dept. Of Microbiology  
East West Medical College & Hospital.



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23060239                                           | Received Date | 09/06/2023 |
| Patient's Name | HASAN JUBAYER SOURAV                                  |               |            |
| Patient's Age  | 30Y 0M 22D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 6800       |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                  | Result     | Reference Range  |
|----------------------------|------------|------------------|
| Fasting Blood Sugar (FBS)  | 5.9 mmol/l | 4.2 – 6.4 mmol/l |
| HbA1C                      | 5.0 %      | 4.0- 6.0 %       |
| Uric Acid                  | 4.9 mg/dl  | 3.8 - 8.0 mg/dl  |
| Serum Creatinine           | 1.0 mg/dl  | 0.3 - 1.3 mg/dl  |
| <b>Liver Function Test</b> |            |                  |
| Serum Bilirubin (Total)    | 1.0 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum ALT (SGPT)           | 29 U/L     | Up to 40 U/L     |
| Serum AST (SGOT)           | 17 U/L     | Up to 37 U/L     |
| Serum Alkaline Phosphatase | 125 U/L    | 98 - 279 U/L     |
| <b>Lipid profile</b>       |            |                  |
| Serum Cholesterol          | 138mg/dl   | up to 200 mg/dl  |
| Serum HDL- Cholesterol     | 45 mg/dl   | >35 mg/dl        |
| Serum Triglyceride         | 127mg/dl   | upto 220 mg/dl   |
| Serum LDL- Cholesterol     | 99mg/dl    | <130 mg/dl       |

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        | DIA23060239                                                           | Received Date | 09/06/2023 |
| Patient's Name | HASAN JUBAYER SOURAV                                                  |               |            |
| Patient's Age  | 30Y 0M 22D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6800 |               |            |
| Sample         | BLOOD                                                                 |               |            |

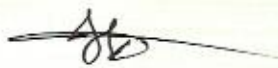
## SEROLOGICAL REPORT

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

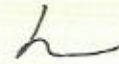
### BLOOD GROUPING Result

|                 |           |
|-----------------|-----------|
| ABO Blood Group | "B" (+ve) |
| Rh(D)Factor     | Positive  |

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        | DIA23060239                                               | Received Date | 09/06/2023       |
| Patient's Name | HASAN JUBAYER SOURAV                                      |               |                  |
| Patient's Age  | 30Y 0M 22D                                                | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | CDC NO: C/O/6800 |
| 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  | 1-2/HPF |

#### CHEMICAL EXAMINATION CASTS / LPF

|               |        |            |     |
|---------------|--------|------------|-----|
| 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  
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East West Medical College and Hospital

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23060239                                                           | Received Date | 09/06/2023 |
| Patient's Name | HASAN JUBAYER SOURAV                                                  |               |            |
| Patient's Age  | 30Y 0M 22D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6800 |               |            |
| 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

*th*

Medical Technologist  
Radical Hospitals Ltd.

*d*

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



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23060239                                           | Received Date | 09/06/2023 |
| Patient's Name | HASAN JUBAYER SOURAV                                  |               |            |
| Patient's Age  | 30Y 0M 22D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/6800   |
| Sample         | stool                                                 |               |            |

### **STOOL ANALYSIS**

#### **Physical Examination:**

|             |         |
|-------------|---------|
| Color       | : Brown |
| Consistency | : Soft  |
| Worm        | : Nil   |
| Mucus       | : Nil   |
| Blood       | : Nil   |

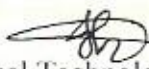
#### **Chemical Examination:**

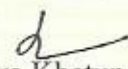
|                         |            |
|-------------------------|------------|
| Reaction                | : Acid     |
| Occult Blood Test (OBT) | : Not done |
| Reducing Substance (RS) | : Not done |

#### **Microscopic Examination:**

|                        |             |                 |             |
|------------------------|-------------|-----------------|-------------|
| Ova                    | : Not found | Mucus flakes    | : Nil       |
| Cyst                   | : Not found | Cyst of Giardia | : Not found |
| Protozoa (Trophozoite) | : Not found | Macrophage      | : Not found |
| Larva                  | : Not found | Fat Globules    | : (+)       |
| Epithelial Cell        | : Nil       | Vegetable Cell  | : Nil       |
| Pus Cell               | : Nil       | Starch          | : Nil       |
| RBC                    | : Nil       | Muscle fibre    | : 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

|                    |   |                                     |       |   |            |
|--------------------|---|-------------------------------------|-------|---|------------|
| Patient's Name     | : | HASAN JUBAYER SHOURAV               | ID NO | : | 23060239   |
| Age                | : | 30 Yrs                              | Date  | : | 09/06/2023 |
| Sex                | : | Male                                |       |   |            |
| Referred by        | : | Dr. Mir Md. Raihan - MBBS (DU), DFM |       |   |            |
| Nature of Specimen | : |                                     |       |   |            |

## Dental Examination Reports

### On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



**Dr. Mir Md. Raihan**

MBBS (DU), CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060239 Receive: 09/06/2023 Print: 09/06/2023  
Patient's Name : **HASAN JUBAYER SHOURAV**  
Age : 30 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's Name | : | HASAN JUBAYER SHOURAV                |         |              |
| Age            | : | 30 Yrs                               | Date    | : 09/06/2023 |
| Sex            | : | Male                                 | CDC NO: | C/O/6800     |
| Referred by    | : | Dr. Mir Md. Raihan - MBBS, (DU), DFM |         |              |

## Psychometric Test

| Test Name                                           | Remarks                                    |
|-----------------------------------------------------|--------------------------------------------|
| <b>1.APTITUDE TEST</b>                              |                                            |
| Numerical Reasoning test                            | Poor / <u>Good</u> / very good / excellent |
| Verbal Reasoning test                               | Poor / <u>Good</u> / very good / excellent |
| Inductive reasoning test                            | Poor / <u>Good</u> / very good / excellent |
| Diagrammatic Reasoning test                         | Poor / <u>Good</u> / very good / excellent |
| Logical Reasoning test.                             | Poor / <u>Good</u> / very good / excellent |
| Error checking test                                 | Poor / <u>Good</u> / very good / excellent |
| <b>2.Skill Test</b>                                 | Poor / <u>Good</u> / very good / excellent |
| <b>3.Personality Test</b>                           | INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP    |
| <b>4.Watson Glaser test(Critical Thinking Test)</b> |                                            |
| Arguments                                           | Poor / <u>Good</u> / very good / excellent |
| Assumptions                                         | Poor / <u>Good</u> / very good / excellent |
| Deductions                                          | Poor / <u>Good</u> / very good / excellent |
| Interpreting Information's                          | Poor / <u>Good</u> / very good / excellent |
| Inferences                                          | Poor / <u>Good</u> / very good / excellent |
| <b>5.Situational Judgment Test.</b>                 | Poor / <u>Good</u> / very good / excellent |

Poor: <6      Good: 6-7      very good: 7-8      excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

**Dr. Mir Md. Raihan**

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)  
Reg- A55144 BGD-016(MMC)  
DG Shipping Bangladesh Approved  
Malaysian Medical Council Approved  
General Physician  
Radical Hospitals Limited



## AUDIOLOGICAL REPORT

Patient Name : HASAN JUBAYER SHOURAV

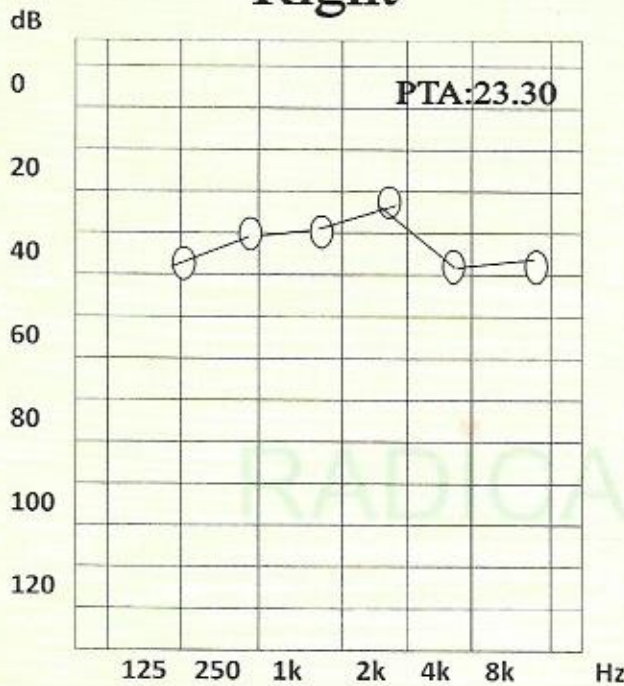
09/06/2023

Age : 30 Yrs

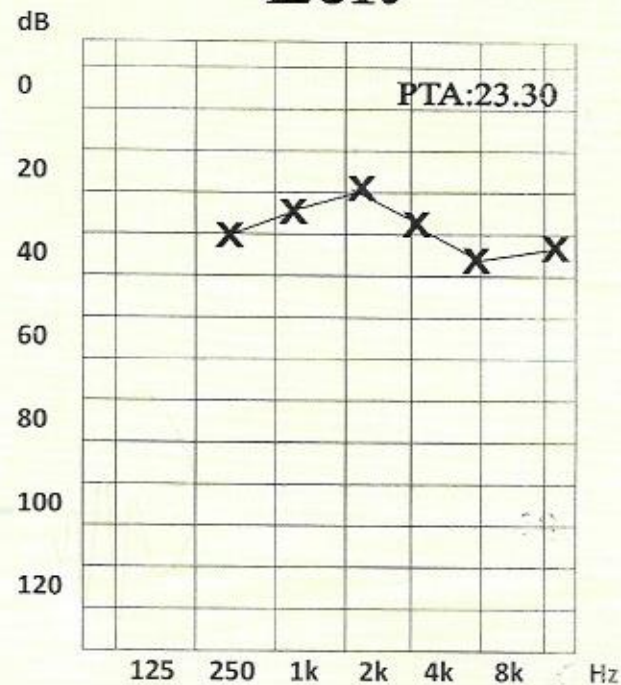
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM

### Right



### Left



0-25= Normal Hearing.  
26-40= Mild Hearing Loss.  
41-55= Moderate Hearing Loss.  
56-70= Moderately Severe Hearing Loss.  
71-90= Severe Hearing Loss.  
91-120= Profound Hearing Loss.

|                  | Right Ear | Left Ear |
|------------------|-----------|----------|
| Air Unmasking OX |           |          |
| Bone Unmasking   |           |          |
| Air Masking OX   |           |          |
| Bone Masking ΔΔ  |           |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

Date: 09/06/2023

**EYE EXAMINATION REPORT**

|       |                       |                           |                  |
|-------|-----------------------|---------------------------|------------------|
| NAME: | HASAN JUBAYER SHOURAV |                           |                  |
| AGE:  | 30 YRS                | RANK: 2 <sup>ND</sup> OFF | CDC NO: C/O/6800 |

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6.

AIDED

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. : 23060239 Receive: Print: 09/06/2023  
Patient's Name : HASAN JUBAYER SHOURAV  
Age : 30 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 66 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



ID: 0119

09-06-2023 16:39:37

Male 30 Years

HR : 66 bpm

P : 96 ms

PR : 134 ms

QRS : 82 ms

QT/QTc : 350/367 ms

P/QRS/T : 21/43/24 °

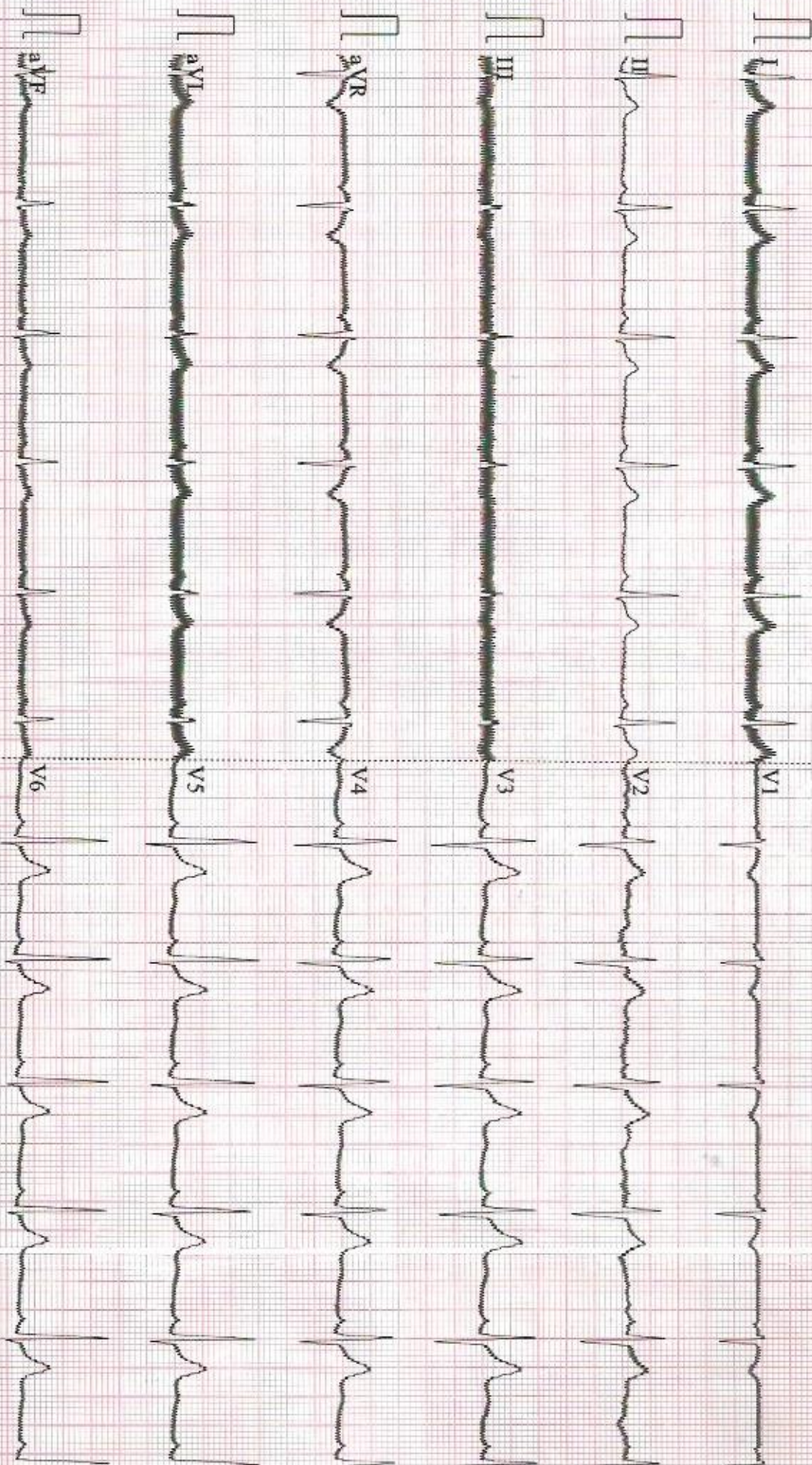
RV5/SV1 : 1.48/0.715 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:





|              |                                  |               |            |
|--------------|----------------------------------|---------------|------------|
| Patient ID   | 23060239                         | Voucher No    |            |
| Test Name    | USG OF WHOLE ABDOMEN             | Delivery Date | 09/06/2023 |
| Patient Name | <b>HASAN JUBAYER SHOURAV</b>     |               |            |
| Age          | 30 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 13.2cm 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-8.9cm, LK-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.

**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**

|                    |   |                                   |       |   |            |
|--------------------|---|-----------------------------------|-------|---|------------|
| Patient's Name     | : | HASAN JUBAYER SHOURAV             | ID NO | : | 23060239   |
| Age                | : | 30 Yrs                            | Date  | : | 09/06/2023 |
| Sex                | : | Male                              |       |   |            |
| Referred by        | : | Dr. Mir Md. Raihan MBBS,(DU), DFM |       |   |            |
| Nature of Specimen | : |                                   |       |   |            |

**PULMONARY FUNCTION TEST (SPIROMETRY)**

FVC = 6  
FEV = 5  
FEV/FVC = 80%

Comments: Normal Lung Function

Checked By



**Dr. Mir Md. Raihan**  
MBBS (DU) CCD(Birdem),PGT (ophth)  
Reg- A55144 BGD-016(MMC)  
DG Shipping Bangladesh Approved  
Malaysian Medical Council Approved  
General Physician  
Radical Hospitals Limited



|              |                                  |           |            |     |      |
|--------------|----------------------------------|-----------|------------|-----|------|
| Patient ID   | 23060239                         | Test Date | 09/06/2023 |     |      |
| Patient Name | HASAN JUBAYER SHOURAV            | Age       | 30 YRS     | Sex | Male |
| Ref. By      | Dr. Mir Md. Raihan MBBS (DU),DFM |           |            |     |      |

### BMI REPORT

$$\begin{aligned} \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\ &= \frac{76 \text{ kg}}{(1.68)^2} \\ &= 26.9 \end{aligned}$$

### BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.



### **Dr. Mir Md. Raihan**

MBBS (DU,) CCD (Birdem), PGT (ophth)  
Reg- A55144 BGD-016(MMC)  
DG Shipping Bangladesh Approved  
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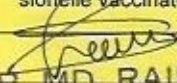
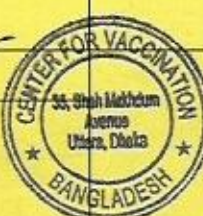
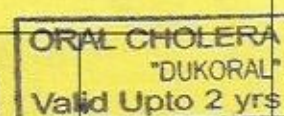
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CON IRE LE CHOLERA**

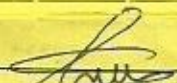
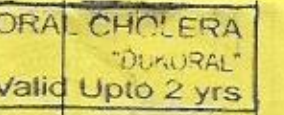
**HASAN JUBAYER SOURAV**

This is to certify that JE Soussigne' (e) certifie que \_\_\_\_\_ date of birth 09.09.1992 Sex MALE  
no' (e) le \_\_\_\_\_ sexe \_\_\_\_\_

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.

|   |             |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
|---|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Date        | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccinateur                                                                                                                                                                     | Approved Stamp<br>Cechet<br>d'authentification                                                                                                                       |
| 2 | 18 MAY 2021 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |

|   |             |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                       |
|---|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Date        | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccinateur                                                                                                                                                                     | Approved Stamp<br>Cechet<br>d'authentification                                                                                                                        |
| 4 | 09 JUN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |

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, au cours de la periode de six mois qui suit 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 partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

Le cachet d'authentification doit etre conforme au modele present par l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui lui sont requises rendra le certificate invalide.



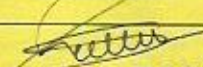
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

*HASAN JUBAYER SOURAV*

This is to certify that  
JE Soussigne' (e) certifie que \_\_\_\_\_ date of birth 09.09.1992 Sex MALE  
no' (e) le \_\_\_\_\_ sexe \_\_\_\_\_

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 fièvre jaune a la date indiquée.

| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                                                                                                       | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numéro<br>du lot | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 18 MAY 2021 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Opthi)<br>EMDC A-55144, MMC-BGD-016<br>(2) Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |         |  |
| 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 such period of ten 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 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 a été désigné 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 ré vaccination, ou, à dix ans, le jour de cette ré vaccination.

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