#### 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 Serial No: Sex: MALE MAZZOFI Name: Rank: CHIEF EXCLUMENT PP/CDC: C/0/1903 1970 Date of Birth: Type: OIL/CHEM Vessel Home Address: ROOD LIHAYDEND-11/13 TASMIHAL ROAD MOHAMMADAN Company Name Please answer the following to the best of your knowledge. Medical History Examiner Examiner Candidate Is there any past / present history of any of Declaration Record Declaration Record the following Yes No Yes No Yes No Yes Non Hernia / Hydrocoele / Appendicitis evere one-sided headaches (Migraine) Head Injury / Concussion / Loss of Memmory "High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Allergy / Skin disease Eye / Vision Problems (Glasses, etc.) Infection / Contagious Disease Hearing Impairment Addication to alcohol / drugs / tobacco Ear / Nose / Throat problems Fracture / Dislocation / Injury / Amputation Stomach / Bowel disorder Major / Minor Operation Gall stones / Kidney disorders Diabetes Jaundice / Liver Disease Nervous / Mental disease / Sleep disorder Piles / Varicose veins Mallignant disease ( Cancer) Blood Disorder Signed off on medical grounds / Declared Unfi Female Disordo Notes Medical Examination Blood Pressure in mm of Hg 20/80m 1000 2000 1000 4000 5000 | 6000 | 8000 Field of Vision Audiometry Hz Distant Vision 20 Right Ear Normal Right Eye Abnormal Left Eye Left ear Right Ear Abnormal Hearing Colour Vision Other Normal Abnormal Notes Normal Abnormal Systemic Examination Normal Abnormal Respiratory system FIT FOR SEA SERVICE Head & Neck Cardiovascular system Eyes Per Abdomen Ears / Nose / Throat Genito-urinary system AS Teeth / Oral Cavity Others Musculo-Skeletal system AS PER WILC 2006 Hernia / Hydrocoele Nervous system Varicose Veins Enhanced GARD Medicals done Fissure/Fistula/Piles Skin Investigations Urine Normal Result 14-16 gm % Colour gm Hemoglobin 4000-11000 / cu.mm Specific Gravity Total WBC count cu.mm 03 5 MO 02 E0500 Neu Albumin Malarial parasite VOY 15 mm / hr Sugar ESR mm / 1st hour 9--43 U / L Bile pigment SGPT Bile salts 145--260 mg / dl S.Cholesterol € mg/dl upto 200 mg/dl Occult blood ≤mg/dl S.Triglycerides upto 125 mg % RBC cells Blood Sugan Leucocytes HbsAq Others HIV I & II VDRL Spirometry: GGTP U/L Others Drugs of Blood Group Abuse: ECG: vonma USG: 10 X-Ray Chest: Result of Medical Examination I,Dr. MIR MD Raihan , hereby declare the examinee medically On the basis of the examinee's history, clinical examination and diagnostic tests, days / weeks / months. Should be re-examined in Permanently unfit Temporarily unfit

Recommendations

Remarks /

ACHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

1: 0 6 JUN 2025

Official Stamp

This certificate is valid till:

Candidate's Signature

0 7 JUN 2023

Official Stamp Hospitals

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

04.2023.4159

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

3	THE RE	PUBLIC OF LIBERIA	11111222
LAST NAME OF APPLICANT	HOSSAIN	FIRST NAME AD.	MIDDLE SAZZAD
DATE OF BIRTH		PLACE OF BIRTH	SEX
MONTH 12 DAY OF EXAMINATION FOR DUTY AS MASTER MATE ENGINEER RADIO OFF	RATING MOU DECK MOU ENGINE SUPERNUMERARY	MAILING ADDRESS OF APPLICANT:  PORTE HOUSE IN - 1/13 TO  MATAMARDUR, I	MALE D FEMALE D STANKAL RIAM BLOCK-C MARIKA-1207
MEDICAL EXAMINAT HEIGHT WEIGHT	TON (SEE PAGE 2) STATE D  BLOOD PRESSURE   PULSE	and any interest	NERAL APPEARANCE
VISION. WITHOUT GLASSES WITH GLASSES DATEOFLAST COLOR VISIO	RIGHTEYE LEFT EYE  RIGHTEYE LEFT EYE  ONTEST (Month/Day/Yeal) 7 JUN  NDARDS INSTCWCODE, TABLE A	2023 Testing Required every 6 years	Cross
COLOR TEST TYPE: BOOK	LANTERN - CHECK IF COLOR TE	ST IS NORMAL YELLOW RED	GREEN BLUE
HEARING: RT. EAR	mo	LEFT EAR	Me sales
HEAD AND NECK	Nammal	HEART (CARDIOVASCULAR)	Notamal
LUNGS	Nonnal	SPEECH (DECK/NAVIGATIONAL C IS SPEECH UNIMPAIRED FOR NO.	
EXTREMITIES: UPPER	Nonma	LOWER N	Catmal.
TO ENDANGER THE HEALTI	H OF OTHER PERSONS ON BOARD	E AGGRAVATED BY, OR TO RENDER HIM UNFI O? IF YES, EXPLAIN IN DETAILS OF MEDICAL EX 0 7 JUN 2023	O 6 JUN 2025
SIGNATURE OF A	PLICANT	DATE OF EXAM	EXPIRY DATE
_		FIXED IN THE PRESENCE OF THE EXAMINING P	HYSICIAN.
THIS IS TO OPERTIFY THAT	FIT FOR DUTY O	GIVENTO MD. SAZZAD HO	recent 4
		D. RAIHAN MBBS,(DU), DFM	1
ADDRESS RADICAL I	HOSPITALS LIMITED. 35,	SHAH MAKHDUM AVENUE, SECTO	DR-12, UTTARA, DHAKA-1230
		RITY DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PH	YSICIAN CERTIFICATE O	6 MAY 2014	
SIGNATURE OF PHYS	ICIAN	DATE OF I	EXAMINATION: 0 7 JUN 2023
. This certificate is issued requirement	d by authority of the Deputy ( is of the Maritime Labour Conv	Commissioner of Maritime Affairs, R.L. an ention, 2006 for the Medical Examination o	d in compliance with the f Seafarers.
The Medical Certifica years of age	te shall be valid for no more to and for no more than one (1)	han two (2) years from the date of the Exar year for those under 18 years of age. A HOSE	mination for those over 18
	7) DR. MIR. MD. RAI MBSS (DU), DFM, CCD (Birdem), PGT BMDC A-55144, MMC-BGI DG Shipp.ng Bangladesh Api General Physician	HAN (Ophth) (As/Per-Miles	
	Radical Hospitals Limite	d.	

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

Ophthalmology Examination For VA & CV

0 7 JUN 2023

RLM-I05M (REV. 12/17)

Asiperini G2006

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.



Id No : 0171

Patient's Name: MD SAZZAD HOSSAIN

Specimen

: Blood

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

D.Date: 07-Jun-2023

Gender: Male

CDC NO:C/O/1903

#### Haematology Report

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

Date: 07-Jun-2023

Age: 52Y 6M 3D

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)  ESR(Westergreen)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
Total WBC Count(TC)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
	6,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)		(0.000000000000000000000000000000000000	
Neutrophils	73 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	23 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	130 /cumm	50-450/cumm	
Total RBC Count	4.59 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	36.7 %	M: 40-54%, F:37-47%	
MCV	80.0 fL	76 - 94 fL	
MCH	<b>29.4</b> pg	27 - 32 pg	
MCHC	36.8 g/dL	29 - 34 g/dL	
RDW	13.9 %	11 - 16 %	
PDW	14.9 fL	35 - 56 fl	
Total Platelete Count (PC)	1,58,000 /cumm	150,000-450,000/cumm	
MPV	9.7 fL	7.0 - 11.0 fL	
PCT	0.153 %	0.1 - 0.%	
		2 (1957) (1957) (1957)	

Checked By Medical Technologist

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA23060171	Received Date 07/06/202		
Patient's Name	MD SAZZAD HOSSAIN			-020
Patient's Age	52Y 6M 3D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/ 1903
Sample	BLOOD			0,0,1,00

### BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	Reference Range		
Random Blood Sugar (FBS)	4.9 mmol/l	4.2 – 6.4 mmol/l		
Liver Function Test				
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl		
Serum ALT (SGPT)	22 U/L	Up to 40 U/L		
Serum AST (SGOT)	17 U/L	Up to 37 U/L		
Serum Alkaline Phosphatase	129 U/L	98 - 279 U/L		

### REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICAL

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	DIA23060171	Received Dat		2023
Patient's Name	MD SAZZAD HOSSAIN			
Patient's Age	52Y 6M 3D	atient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/ 1903
Sample	BLOOD	Mestawara		

### SEROLOGYCAL REPORT

HBsAg (Method : (ICT)	Negative	
	NECONOMINA CARGO	- 1

Specked 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

Bill No	DIA23060171	Received Date 07		07/06/2	07/06/2023	
Patient's Name	MD SAZZAD HOSSAIN					
Patient's Age	52Y 6M 3D	Y 6M 3D Pati		Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	С	DC NO	C/O/ 1903	
Sample	BLOOD				0.0,1505	

### SEROLOGYCAL REPORT

HBsAg (Method: (ICT)	Negative
Malarial Smear	Not Found

Checked By

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



**Test Name** 

Bill No	DIA23060171 Rec	Received Date 07/06/202		2023
Patient's Name		300		
Patient's Age	52Y 6M 3D	Patient's Sex Ma		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye	),DFM	CDC NO	C/O/ 1903
Sample	URINE			1.00.00

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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 Technologis Radical Hospitals Ltd. Dr. Sümaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



#### **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060171 Receive:07/06/2023 Print: 07/06/2023

Patient's Name : MD SAZZAD HOSSAIN

Age : 52 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.

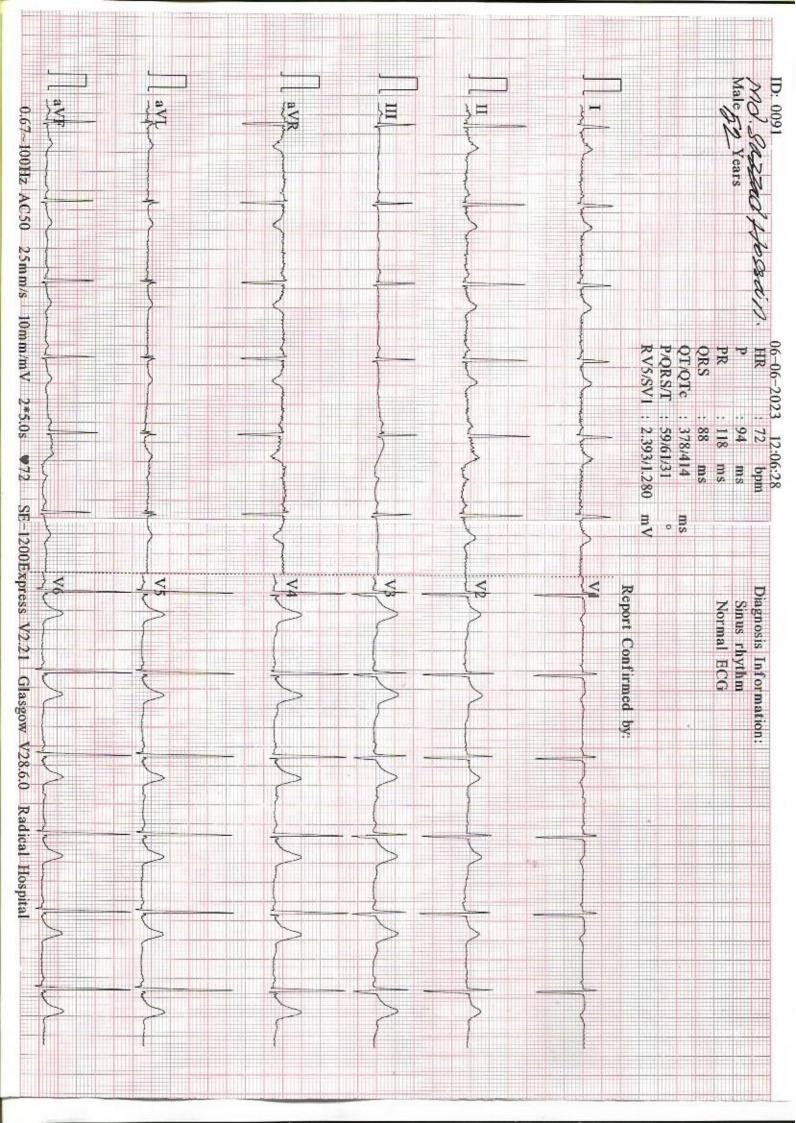
Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

Page of 1





#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060171 Receive: Print: 07/06/2023

Patient's Name : MD SAZZAD HOSSAIN

Age : 52 YRS Sex : M

Refd. by Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 77 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



Patient ID	23060171	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	07/06/2023
Patient Name	MD SAZZAD HOSSAIN	製	
Age	52 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS;(DU),DF	M	

#### 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	:	MD SAZZAD HOSSAIN	-		
Age	:	52 Yrs	Date	:	07/06/2023
Sex	:	Male	CDC N	CDC NO:C/O/1903	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (D	U), DFM		

# Psychometric Test

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited



#### TREADMILLSTRESS TEST

Patient ID	23060171	Test Date	07-06-2023		
Patient Name	MD SAZZAD HOSSAIN	Age	52 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

**Total Exercise Time** 

: 09:10 Min

Max.HR attained

: 163 bpm.

% of max.pred. hR

:98%

Max. Pred HR

: 167 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.10METS.

Indication

: Screening for IHD.

Risk Factors

- 3

Reason for Termina

: Attainment of THR.

**Test Profile** 

: BRUCE

Symptoms

35

Summary Result ⇒

NEGATIVE

#### Comments

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

Conclusion

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

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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

MDSAZZAD HOSSAIN

date of birth 04.12.1970 Sex Male.

JE Soussigne (e) certifie que

Whose signature follows dont la signature suit

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

Signature and professional Approved Stamp Status of Vaccipator Date Cechet Signature et qualite d'authentification professionelle Vaccinateure OR VAC 14 48 702 ULLLA 35, Shah Makho: Averse Here. Chake Shipping Bangladesh Approved General Physician Radical Hospitals Limited. CHOLERA MIR. MD. RAIHAN 35, Shah Makhoum "DUKORAL" MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Avenue Valid Upto 2 yrs Uttara, Dhaka BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician 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 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 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 from prescribed by the health adminstration 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 validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d'une quelconque des mentions qu'il comporte pe u.t effecter sa validite.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

#### CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MD. SAZZI This is to certify that	9D HORSAZ	date of birth 04-12-147	Sex, Merc.	
JE Soussigne (e) certifie que	0	no (e) le	sexe }	
Whose signature follows	When to			
dont la signature suit				

has on the Date indicated been vaccinated or revaccinated against yellow fever a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

	Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
14 FEB	1 1	DR. MIR. MD. RAIHAN  DR. MIR. MD. RAIHAN  DR. MIR. MD. RAIHAN  DR. MIR. MD. RAIHAN  DR. MIR. MMC-BGD-016  MDC A-55144, MMC-BGD-016  General Physician  General Physician  His Hospitals Limited.	TEVER L NO DAMAGE	Stah Makhdum Santan San
	2		,	

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' te" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitaire du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou, dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme Icnant lieu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu'il comporle peut affecter sa validite.