

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: ALAM MD JAHANGIR Sex: MALE Serial No:
 Date of Birth: 01/11/1993 PP/CDC: C1017864 Rank: 4/E
 Vessel: C.S. CALLA Type: BULK Route: WORLD WIDE
 Home Address: VIL: GGHORA MARA POST: VABON DETTO
Ghatol L. Longail.
 Company Name: Campbell

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		☒		☒

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
162cm	67kg	43-41	120/80mm	78b/min	19b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal										

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.5 gm%	14-16 gm %	Colour
Total WBC count	6200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 63 % Lymph 33 % Eos 02 % Bas 02 %			pH
Malarial parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	U/L	9-43 U/L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Negative		
Others			
Blood Group		GGTP U/L	

ECG : Normal TMT: N/D
 X-Ray Chest: USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, 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: 16 MAR 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 17-3-23

17 MAR 2023

04.2023.3595



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.

Annex III: Draft Format of a Seafarer Medical Certificate**SEAFARER MEDICAL CERTIFICATE**(issued under the authority of authorising country details.)

This Medical Certificate has been issued in accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable

SEAFARER INFORMATION

Surname: <u>ALAM</u>	Given Name (s): <u>MD JAHANGIR ALAM</u>	
Date of Birth (dd/mm/yyyy): <u>01/11/1993</u>	Nationality: <u>BANGLADESHI</u>	Gender: <u>Male</u>
ID Document no: <u>19939312825000</u>		
Capacity that the seafarer will serve onboard serve in: Deck: ☒ Engineer ☐ GMDSS ☐ Rating ☐ Catering ☐ Other		

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

I confirm that identification documents were checked: <u>YES</u> / NO	
Does the seafarers hearing meet medical standards*?	<u>YES</u> / NO
Is unaided hearing satisfactory*?	<u>YES</u> / NO
Vision acuity meets medical standards*?	<u>YES</u> / NO
Colour vision meets standard*?	<u>YES</u> / NO
Date of last colour vision test? (dd/mm/yyyy)	<u>17 MAR 2023</u>
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? <u>YES</u> / NO	
Are there any limitations or restrictions on fitness? If so specify the limitation. <u>NV</u>	



I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

Name of Approved** Medical Practitioner: _____

Signature of Approved** Medical Practitioner: _____

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

Date of Examination (dd/mm/yyyy) : 17 MAR 2023

Stamp/Seal



Expiry date of certificate (dd/mm/yyyy): 16 MAR 2025

SEAFARER ACKNOWLEDGEMENT

I Name of seafarer confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: [Signature]

Date: (dd/mm/yyyy) 17 MAR 2023

* For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.

** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.

*** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer

Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☒Periodic Exam ☐Name (last, first, middle): ALAM MD JAHANGIRDate of birth (day/month/year): 02 / 11 / 1993Sex: ☒ male ☐ femaleNationality BANGLADESHIHome address: Grota Maya
Ghazal Identity document No.: _____

Type of ship (e.g. container, tanker, passenger, fishing): _____

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

Examinee's personal declaration*(Assistance should be offered by medical staff)*

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
3. Heart/vascular disease	☐	☒	20. Operation/surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy/seizures	☐	☒
5. Varicose veins	☐	☒	22. Dizziness/fainting	☐	☒
6. Asthma/bronchitis	☐	☒	23. Loss of consciousness	☐	☒
7. Blood disorder	☐	☒	24. Psychiatric problems	☐	☒
8. Diabetes	☐	☒	25. Depression	☐	☒
9. Thyroid problem	☐	☒	26. Attempted suicide	☐	☒
10. Digestive disorder	☐	☒	27. Loss of memory	☐	☒
11. Kidney problem	☐	☒	28. Balance problem	☐	☒
12. Skin problem	☐	☒	29. Severe headaches	☐	☒
13. Allergies	☐	☒	30. Ear/nose/throat problems	☐	☒



- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|-------------------------------------|
| 14. Infectious/contagious diseases | ☐ | ☒ | 31. Restricted mobility | ☐ | ☒ |
| 15. Hernia | ☐ | ☒ | 32. Back problems | ☐ | ☒ |
| 16. Genital disorders | ☐ | ☒ | 33. Amputation | ☐ | ☒ |
| 17. Pregnancy | ☐ | ☒ | 34. Fractures/dislocations | ☐ | ☒ |

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

Additional questions

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

Comments.

FIT FOR DUTY ON BOARD SHIP

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



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

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

17 MAR 2023

Signature of examinee: [Signature] Date (day/month/year): ____/____/____

Witnessed by: (Signature) [Signature] Name: (Typed or printed)

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

17 MAR 2023

Signature of examinee: [Signature] Date (day/month/year): ____/____/____

Witnessed by: (Signature) [Signature] Name: (Typed or printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Blindem), PGT (Ophth)
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Medical examination

☐ Pre-sea ☒ Periodic ☐ Other

Sight

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

Visual fields		
	Normal	Defective
Right eye	/	
Left eye	/	

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

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 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

Height: 162 (cm) Weight: 67 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)



Urinalysis: Glucose: Nil Protein: Nil

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

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 17 MAR 2023 / /

Results: Normal chest x-ray



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

Test *Blood Pressure* Result *Normal.*

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIPVaccination status recorded: ☒ Yes ☐ No**Assessment of fitness for service at sea**

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

☒ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☒	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

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



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

Place of examination: **RADICAL HOSPITAL LIMITED**
_____ Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): 17 MAR 2023 / ____ / ____

Medical certificate's date of expiration (day/month/year): 16 MAR 2025 / ____ / ____

Official stamp:



Signature of medical practitioner: _____

A handwritten signature in black ink, appearing to read "Mir. Md. Raihan".

Name of medical practitioner: (Typed or printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biodem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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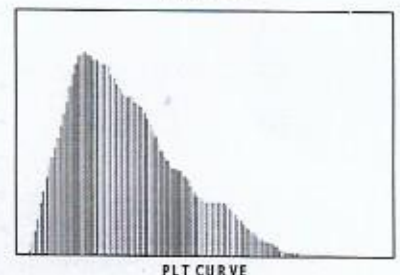
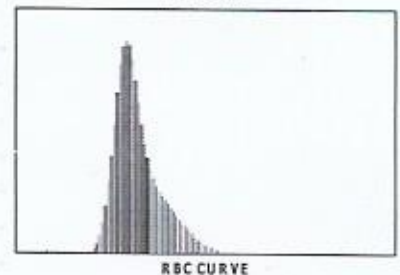
Authorized by: . DG SHIPPING BANGLADESH

Id No : 0471 **Date** : 17-Mar-2023 **D.Date** : 17-Mar-2023
Patient's Name : MD JAHANGIR ALAM **Age** : 29Y 4M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7864

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.5 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	124 /cumm	50-450/cumm
Total RBC Count	5.04 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.3 %	M: 40-54%, F:37-47%
MCV	76.0 fL	76 - 94 fL
MCH	28.8 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	11.6 %	11 - 16 %
PDW	15.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,41,000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.142 %	0.1 - 0.6 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA230471	Received Date	17/03/2023
Patient's Name	MD JAHANGIR ALAM		
Patient's Age	29Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7864
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

Checked By

[Signature]

Medical Technologis
Radical Hospitals Ltd.

[Signature]

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

Bill No	DIA23030471	Received Date	17/03/2023
Patient's Name	MD JAHANGIR ALAM		
Patient's Age	29Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:7864		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC 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 EXAMINATIONCASTS / LPF

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

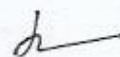
ON REQUESTCRYSTALS & OTHERS

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

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	DIA23030471	Received Date	17/03/2023
Patient's Name	MD JAHANGIR ALAM		
Patient's Age	29Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7864
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By



Medical Technologis
Radical Hospitals Ltd.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030471 Receive: 17/03/2023 Print: 17/03/2023
Patient's Name : MD JAHANGIR ALAM
Age : 29 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

ID: 4

17-03-2023 07:14:00 PM

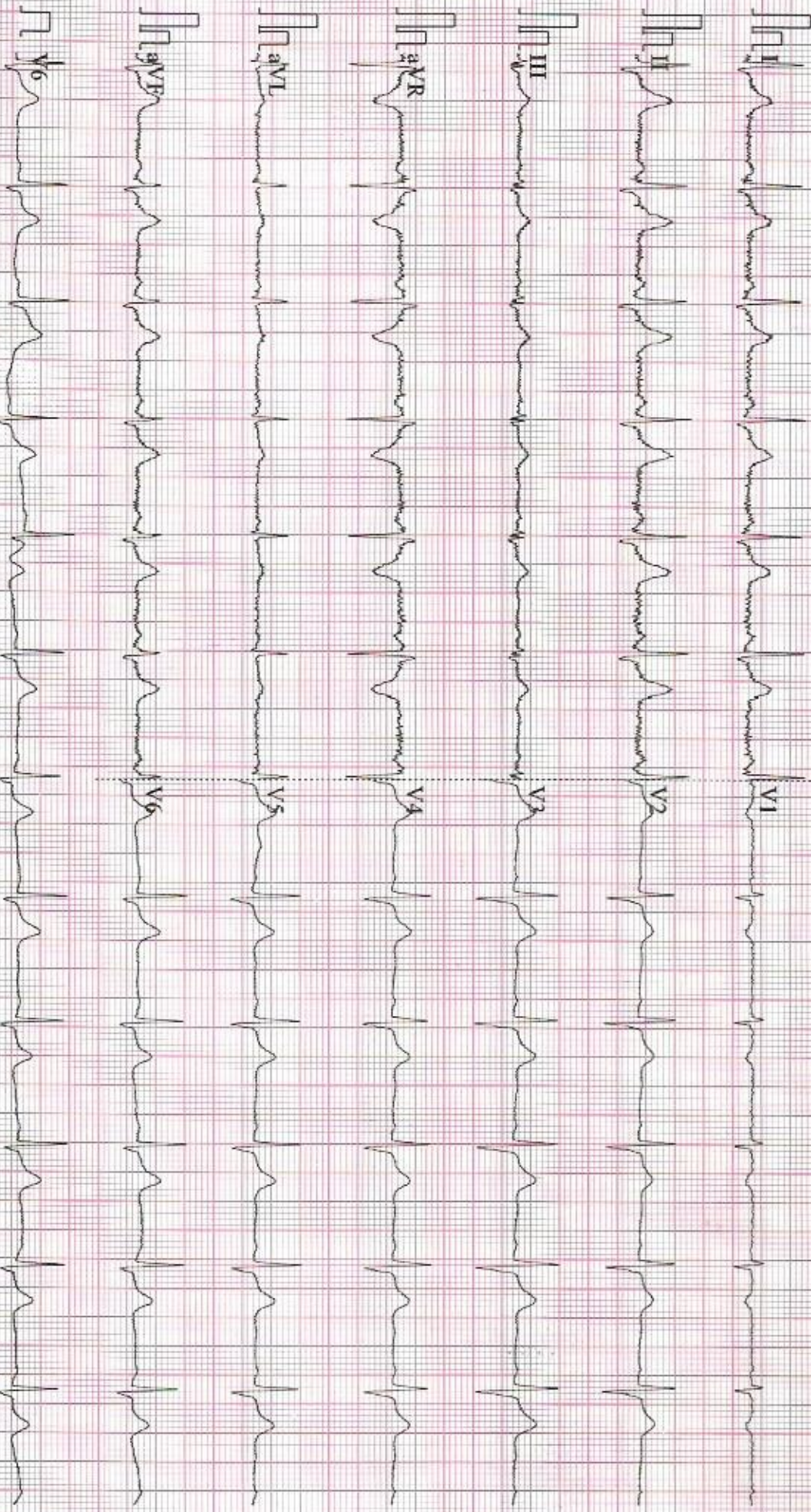
Male 29 Years

2002 St James's Road

HR	: 72	bpm
P	: 106	ms
PR	: 134	ms
QRS	: 100	ms
QT/QTc	: 384/421	ms
P/QRS/T	: 50/28/49	°
RV5/SV1	: 1.55/0.593	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



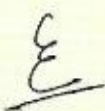
DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030471 Receive: Print: 17/03/2023
Patient's Name : MD JAHANGIR ALAM
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 72 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

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

This is to certify that JE Soussigne' (e) certifie que MD SAHANQIR ALAM date of birth 1-11-1993 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 Statut of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 MAR 2003			
2	DR. MIR, MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l lcalih 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 day after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificat n' est valable que si le vaccina employé a c- ' tc, ' a approuvé par l' organisation Mondiale de la santé et si le centre a" ualiif, aion ae" tc'tra6iiiiie pali-aminslrailon sanitaire du (erriloire dans lequel ce centre est situé;

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, u. ou., a. -cittc lie, iio, i a" dix ans, le jour de centté revaccination.

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

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

**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

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

MD JAHANQIR ALAM

date of birth
no' (e) le

1-11-1993

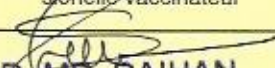
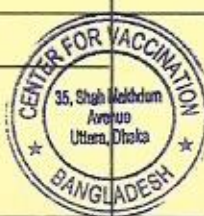
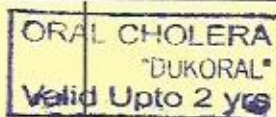
Sex
Sexe

MALE

Whose signature follows
don't la signature suit

[Signature]

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

Date	Signature and professional Stahtus of Vaccinator Signature of qualite profess- sionelle vaccineur	Approved Stamp Cechet d'authentification
17 MAR 2023	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

The validity of this certificate covers a period of six months commencing six days after the first injection of vaccine or, in the case of a revaccination, from the date of the second injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificat doit faire mention de deux injections partiques 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 per l'administration sanitaire du territoire ou la vaccination est effectuee.]

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