

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: **ABADIN MOHAMMAD FAISAL** Sex: **M** Serial No:
 Sumame First Name Middle Initial
 Date of Birth: **01 / 01 / 1981** PP/CDC: **C10/4457** Rank: **CH. OFFICER**
 Vessel: **C3 SONOMA** Type: **BULK** Route: **FGN**
 Home Address: **R.P. TOWER, BLOCK-D, PLOT-4, H BT, MIRPUR-2, DHAKA-1216, BANGLADESH**

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		☒		☒
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
165cm	73kg	43-41	120/80 mmHg	78 bpm	19 bpm	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				

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS CH. OFF AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
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	15.3 gm%	14-16 gm %	Colour
Total WBC count	12,500 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 68 % Lymph 27 % Eos 02 % Bas 00 % Mo 02 %			pH
Malarial parasite	Not Found		Albumin
ESR	04 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 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Negative		
Others	Negative		
Blood Group		GGTP U/L	

ECG : Normal	TMT: N/D	Drugs of Abuse: Negative
X-Ray : Chest: Normal	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: **05 MAR 2025**

Candidate's Signature

Date: **06-03-2023**



Doctor's signature:

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

04.2023.3510

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>ABADIN</u>	Given Name (s): <u>MOHAMMAD FAISAL</u>	
Date of Birth (dd/mm/yyyy): <u>01/01/1981</u>	Nationality: <u>BANGLADESHI</u>	Gender: <u>Male</u> / Female
Capacity that the seafarer will serve onboard serve in: <u>CH. OFFICER</u>		
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>06 MAR 2023</u>
Is the seafarer fit for lookout duties: <u>YES</u> /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? YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation.	
<u>NO</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: _____

Date of Examination (dd/mm/yyyy) : 06 MAR 2023

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

Expiry date of certificate (dd/mm/yyyy) 05 MAR 2025

SEAFARER ACKNOWLEDGEMENT

MOHAMMAD FAISAL ABADIN

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

Signature: _____

Date: (dd/mm/yyyy) 06/03/2023

* 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): ABADIN MOHAMMAD FAISALDate of birth (day/month/year): 01 / 01 / 1981Sex: ☒ male ☐ femaleNationality BANGLADESHIHome address: _____ Identity document No.: C1014457Type of ship (e.g. container, tanker, passenger, fishing): BULKTrade area (e.g., coastal, tropical, worldwide): 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.

Signature of examinee: _____ Date (day/month/year): 06 / MAR / 2023

Witnessed by: (Signature) _____ Name: (Typed or printed)

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.

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).

Signature of examinee: _____ Date (day/month/year): 06 / MAR / 2023

Witnessed by: (Signature) _____ Name: (Typed or printed)

DR. MIR. MD. RAIHAN
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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	6/6	6/6	✓			

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: 165 (cm) Weight: 73 (kg)

Pulse rate: 78 (/minute) Rhythm: Regulr

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 <u>N/A</u>	☒	☐	Psychiatric	☒	☐
Heart	☐	☐	General appearance	☒	☐

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 06 / MAR / 2023

Results: Normal chest x-ray



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

Test *Blood-titine*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): **06 MAR 2023**

Medical certificate's date of expiration (day/month/year): **05 MAR 2025**

Official stamp:



Signature of medical practitioner: _____

Name of medical practitioner: (Typed or printed) _____

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MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Authorized by: **DG SHIPPING BANGLADESH.**

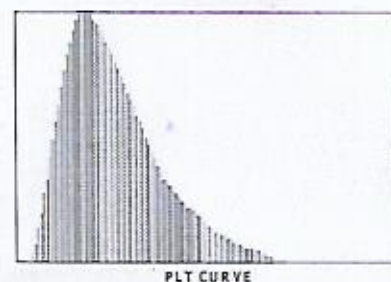
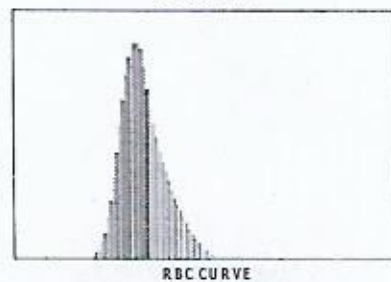
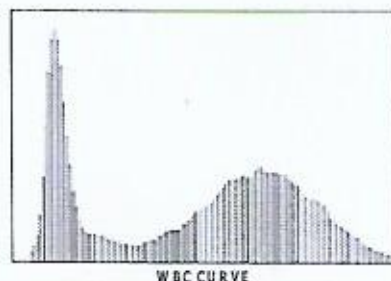


Id No : 0132 **Date** : 06-Mar-2023 **D.Date** : 06-Mar-2023
Patient's Name : MOHAMMAD FAISAL ABADIN **Age** : 41Y 9M 3D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:** C/O/4457

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.3 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	04 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	12,500 /cumm	
Differential WBC Count (DC)		
Neutrophils	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	375 /cumm	50-450/cumm
Total RBC Count	5.35 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.4 %	M: 40-54%, F:37-47%
MCV	79.3 fL	76 - 94 fL
MCH	28.6 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	13.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,72,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.248 %	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	DIA23030132	Received Date	06/03/2023
Patient's Name	MOHAMMAD FAISAL ABADIN		
Patient's Age	41Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4457
Sample	BLOOD		

SEROLOGICAL REPORT

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23030132	Received Date	06/03/2023
Patient's Name	MOHAMMAD FAISAL ABADIN		
Patient's Age	41Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4457
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	2-3/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
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23030132	Received Date	06/03/2023
Patient's Name	MOHAMMAD FAISAL ABADIN		
Patient's Age	41Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 4457
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

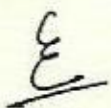
DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030132 Receive: Print: 06/03/2023
Patient's Name : **MOHAMMAD FAISAL ABEDIN**
Age : 41 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 88 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: 23030

06-03-2023 11:35:28 AM

MOHAMMAD FAISAL ABADIM

Male 41Years

Diagnosis Information:

Sinus rhythm

Normal ECG

HR : 88 bpm

P : 90 ms

PR : 130 ms

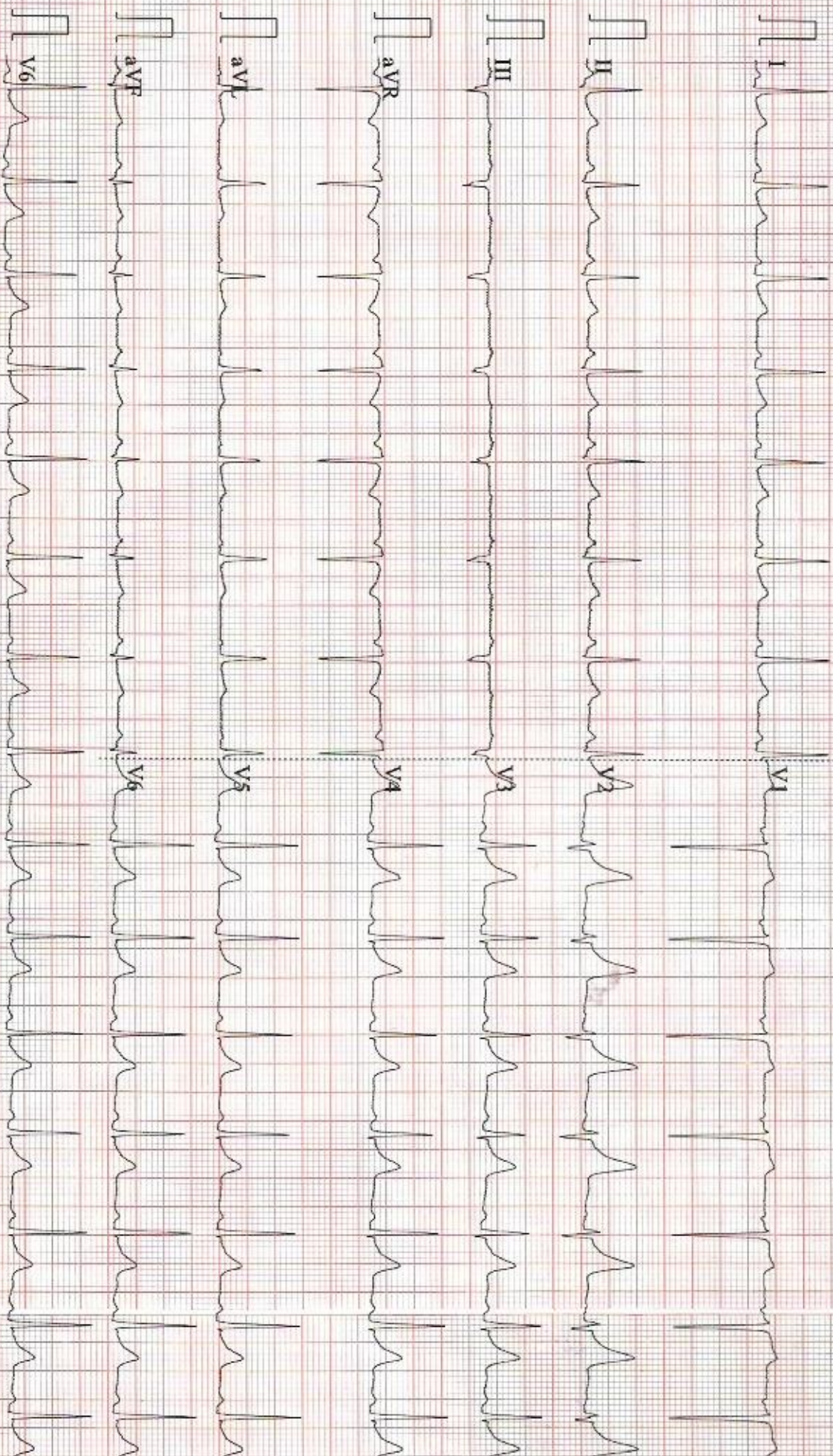
QRS : 70 ms

QT/QTc : 346/419 ms

P/QRS/T : 52/15/38 °

RV5/SV1 : 1.359/1.685 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23030132	Receive: 06/03/2023	Print: 06/03/2023
Patient's Name	: MOHAMMAD FAISAL ABEDIN		
Age	: 41 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

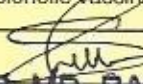
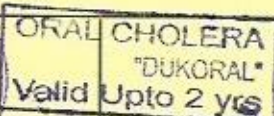
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

MUHAMMAD FAISAL AGADIN

This is to certify that JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 01-01-1981 Sex / Sexe M

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 fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
06 MAR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Gphth) BMDC A-55144, MMC-BGD-016 DG Shipping 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.

Norwithstanding 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, a compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate 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 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 il comporte peut en affecter la validite.

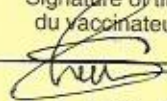
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONALUASX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MOHAMMAD FAISAL ABADIN

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 01-01-1981 Sex / Sexe M

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 fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
06 MAR 2023	 DR. MIR. MD. RAIHAN MBBS (D), DPM, CCG (London), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world I 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 certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa tion Mondiale de la sanc" et sile centre a" uaiif,aiion ae" tc'tra6iiiiie pali-aminsralion sanitaire du (erriloire dans lcquel ce centre est siture;

La validite' de ce certificat couvr une pe'riode de dix ans comencant dix joursaorcs la date de la vaccination ou, dans le cas dune reiaccination.u .ou., a.-cittc lie,iio,i a" dix ans, lejour de centc revaccination.

Ca certificate do it ctrc signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.