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: SHARIF MD REZAUL KARIM (Surname / First Name) Sex: MALE Serial No:
Date of Birth: 20 / 11 / 1984 PP/CDC: A03579823 (Middle Initial) Rank: MARINE OPERATOR
Vessel: TEGI Type: FPSO Route:
Home Address: 1329/1, EAST SHEWRAPARA, MIRPUR, DHAKA-1216, BANGLADESH.
Company Name : HEXAGON SA

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / 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		✓		✓	Mallignant 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
166cm	70kg.	41 / 41	120/80mmHg	78b/min	14b/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13.9 gm%	14-16 gm %
Total WBC count	6,200 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 35 % Eos 02 Ba 00 % Mo 03 %		
Malarial parasite	Not Found	
ESR	08 mm / 1st hour	1- - 15 mm / hr
SGPT	20 U/L	9--43 U / L
S.Cholesterol	163 mg/dl	145--260 mg / dl
S.Triglycendes	130 mg/dl	upto 200 mg /dl
Blood Sugar	RBS 6.8 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Light Pale
Specific Gravity	
pH	4
Albumin	Q
Sugar	Q
Bile pigment	Q
Bile salts	Q
Occult blood	Q
RBC cells	4
Leucocytes	4
Others	

ECG : Normal **TMT:** NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

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: 19 MAR 2025

Candidate's Signature

Date: 20 MAR 2023

Official Stamp
Radical Hospitals Ltd.
Reg-MLC-2006
Approved by Department of Shipping

Doctor's signature:

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.

04.2023.3623

HEXAGON SA

Hexagon, Sociedad Anonima con Consejo de Administracion

EXAMINING PHYSICIANS WRITTEN RECOMMENDATION

Name: MD REZAUL KARIM SHARIF SS or Employee # _____

I have reviewed the health risk guidelines for assignment to Equatorial Guinea in West Africa, and have performed a physical examination of the above named individual. I understand that in the context of such location, which is characterized by difficult access, extremely poor medical infrastructure, highly adverse climate, and physically demanding work conditions, there is a high probability a minor medical condition could result in significant risk to the individual and to others.
Based on the results of this examination, it is my opinion that this individual: (please check one)

☑ Has no medical condition that precludes remote assignment based on the work assignment provided in these guidelines and scope of health testing criteria.

☐ I find this person unfit for duty in this remote location.

☐ Cannot be medically cleared at this time. The following are my recommendations for further evaluation:

_____
_____
_____
_____

I have advised the employee to follow up with his/her personal physician for the following medical conditions:

_____
_____
_____
_____

Physician Signature — 20 MAR 2023 Date

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited.

Printed Name — Telephone Number

I have reviewed a copy of this written opinion and have been informed regarding any medical follow up necessary.

Remote Assignment Applicant Signature — 20 MAR 2023 Date

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Name of Vaccine	Route	Age	Date	First Dose	2nd Dose	3rd Dose	Booster
BCG (Tuberculosis)	ID	At Birth জন্মের সময়	নির্দিষ্ট তারিখ Due on				
OPV (Oral Polio Vaccine)	Oral						
Pentavalent / (DPT + Hib + HepB)+ OPV / **Infanrix-hexa** (DTaP + Hib + IPV + HepB) / **Pentaxim** (DTaP +Hib+ IPV)	IM	Minimum age 6 weeks ন্যূনতম বয়স ৬ সপ্তাহ		Any Time যে কোন সময়	4 weeks after 1st dose ১ম ডোজের ৪ সপ্তাহ পর	4 weeks after 2nd dose ২য় ডোজের ৪ সপ্তাহ পর	18 months of age & at 4 to 6 years ১৮ মাস বয়স এবং ৪ থেকে ৬ বছর
			নির্দিষ্ট তারিখ Due on				
Hepatitis B (HepB)	IM	At Birth to 6 Weeks of life জন্ম থেকে ৬ সপ্তাহের মধ্যে		Any Time যে কোন সময়	4 weeks after 1st dose ১ম ডোজের ৪ সপ্তাহ পর	4 weeks after 2nd dose ২য় ডোজের ৪ সপ্তাহ পর	At the age 12 months ১২ মাস বয়সে
			নির্দিষ্ট তারিখ Due on				
Pneumococcal Conjugate Vaccine (PCV) * 2 doses of Pneumococcal conjugate Vaccine (PCV) to be given 1 month apart if child age is between 7-11 months. Booster to be given between 12-18 months. If child age is equal to or greater than 12 months, 2 doses to be given 2 months apart	IM	At Birth to 6 Weeks of life জন্ম থেকে ৬ সপ্তাহের মধ্যে		Any Time যে কোন সময়	4 weeks after 1st dose ১ম ডোজের ৪ সপ্তাহ পর	4 weeks after 2nd dose ২য় ডোজের ৪ সপ্তাহ পর	At the age 12 months ১২ মাস বয়সে
			নির্দিষ্ট তারিখ Due on				
Rota Virus Vaccine * Rotavirus Vaccine must start before 15 weeks	Oral	* Minimum age 6 weeks ন্যূনতম বয়স ৬ সপ্তাহ		Any Time যে কোন সময়	4 weeks after 1st dose ১ম ডোজের ৪ সপ্তাহ পর		
			নির্দিষ্ট তারিখ Due on				
MR (Measles & Rubella)	SC	After 9 months completed ৯ মাস পরিপূর্ণ পর		Any Time যে কোন সময়			
			নির্দিষ্ট তারিখ Due on				
MMR (Measles, Mumps & Rubella) ** Those who have taken MR vaccine at month 9, MMR vaccine can be given to them between 12-15 months of age	SC	** At the age 12 months ১২ মাস বয়সে		Any Time যে কোন সময়			At the age of 4 to 6 years ৪ থেকে ৬ বছর বয়সে
			নির্দিষ্ট তারিখ Due on				
Chicken Pox Vaccine	SC	At the age 12 months ১২ মাস বয়সে		Any Time যে কোন সময়			At the age of 4 to 6 years ৪ থেকে ৬ বছর বয়সে
			নির্দিষ্ট তারিখ Due on				
Hepatitis A (HepA)	IM	Minimum age 12 months ন্যূনতম বয়স ১২ মাস		Any Time যে কোন সময়	6 months after 1st dose ১ম ডোজের ৬ মাস পর		
			নির্দিষ্ট তারিখ Due on				
Typhoid	IM	Minimum age 2 years ন্যূনতম বয়স ২ বছর		Any Time যে কোন সময়			Every 3 year প্রতি ৩ বছরে
			নির্দিষ্ট তারিখ Due on				
Cholera Vaccine # 2 doses of Cholera Vaccine to be given 1 weeks apart if age is more than 6 years	Oral	# Minimum age 2 years ন্যূনতম বয়স ২ বছর		Any Time যে কোন সময়	1 month after 1st dose ১ম ডোজের ১ মাস পর	1 month after 2nd dose ২য় ডোজের ১ মাস পর	After 6 months ৬ মাস পর
			নির্দিষ্ট তারিখ Due on				
HPV Vaccine (Human Papillomavirus Vaccine)	IM	Minimum age 10 years ন্যূনতম বয়স ১০ বছর		Any Time যে কোন সময়	1 month after 1st dose ১ম ডোজের ১ মাস পর	6 months after 1st dose ১ম ডোজের ৬ মাস পর	
			নির্দিষ্ট তারিখ Due on				
Meningococcal Vaccine	SC/IM	*** Minimum age 2 years ন্যূনতম বয়স ২ বছর		Any Time যে কোন সময়			After 3 years ৩ বছর পর
			নির্দিষ্ট তারিখ Due on				
Influenza Vaccine	IM	*** From 6 months of age ৬ মাস বয়স থেকে		Any Time যে কোন সময়			
			নির্দিষ্ট তারিখ Due on				
Pneumococcal Polysaccharide Vaccine (PPV)	IM	*** Minimum age 2 years ন্যূনতম বয়স ২ বছর		Any Time যে কোন সময়			
			নির্দিষ্ট তারিখ Due on				
Yellow Fever	IM	Minimum age 9 months ন্যূনতম বয়স ৯ মাস		Any Time যে কোন সময়			Every 10 year প্রতি ১০ বছর
			নির্দিষ্ট তারিখ Due on				
Others			নির্দিষ্ট তারিখ Due on				

CENTER FOR VACCINATION
35, Shah Makhdum Avenue
Uttara, Dhaka
BANGLADESH

10/03/23

DR. MD. RAIHAN
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General Physician
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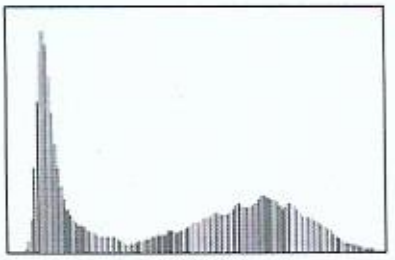
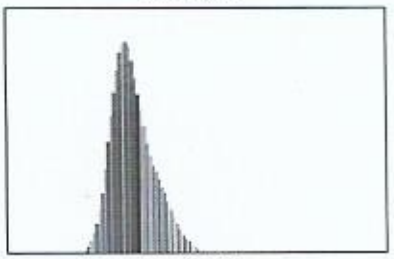
Id No : 0536	**Date :** 20-Mar-2023	**D.Date :** 20-Mar-2023
Patient's Name : MD REZAUL KARIM SHARIF	**Age :** 38Y 4M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		P P:A03579823

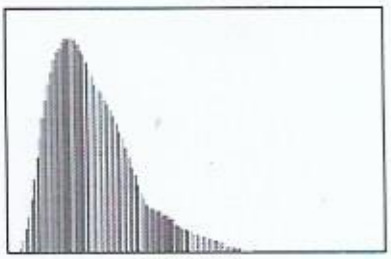
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.9** 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.
ESR(Westergreen)	**08** mm/1st hr	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	**60** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	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	**4.88** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.2** %	M: 40-54%, F:37-47%
MCV	**78.3** fL	76 - 94 fL
MCH	**28.5** pg	27 - 32 pg
MCHC	**36.4** g/dL	29 - 34 g/dL
RDW	**13.0** %	11 - 16 %
PDW	**15.2** fL	35 - 56 fl
Total Platelete Count (PC)	**2,25,000** /cumm	150,000-450,000/cumm
MPV	**8.1** fL	7.0 - 11.0 fL
PCT	**0.182** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030536	Received Date	20/03/2023
Patient's Name	MD REZAUL KARIM SHARIF		
Patient's Age	38Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P:	A03579823
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 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)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	163 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	139 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	90 mg/dl	<130 mg/dl

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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Patient's Age	38Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		P.P:A03579823
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
Malarial Parasite (ICT)	Negative
Tuberculosis (TB) :(Method : (ICT)	Negative

BLOOD GROUPINGResult	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis
Radical Hospitals Ltd.

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Bill No	DIA23030536	Received Date	20/03/2023
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Patient's Age	38Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	P.P:	A03579823
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-2/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

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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.

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Date-20.03.2023

CERTIFICATE FOR HIV

THIS IS TO CERTIFY THAT HE IS **MR. MD REZAUL KARIM SHARIF**
AGE: 38 YRS, RESIDING AT DHAKA CAME FOR MEDICAL CHEEK UP.
IN BLOOD TEST HE FOUND NEGATIVE REPORT OF HIV.
THAT INDICATES HE IS FREE FROM AIDS VIRUS.

Name of Test	Results	Remarks
HIV	Negative	**FIT**

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

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Date: 20/03/2023

EYE EXAMINATION REPORT

NAME:	**MD REZAUL KARIM SHARIF**		
AGE:	**38 YRS**		

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

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23030528	Receive: Print: 20/03/2023		
Patient's Name	:	**MD REZAUL KARIM SHARIF**			
Age	:	38 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	68 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

ID: 5

Md. Rezaul Karim

Male 38 Years

20-03-2023 07:32:41 PM

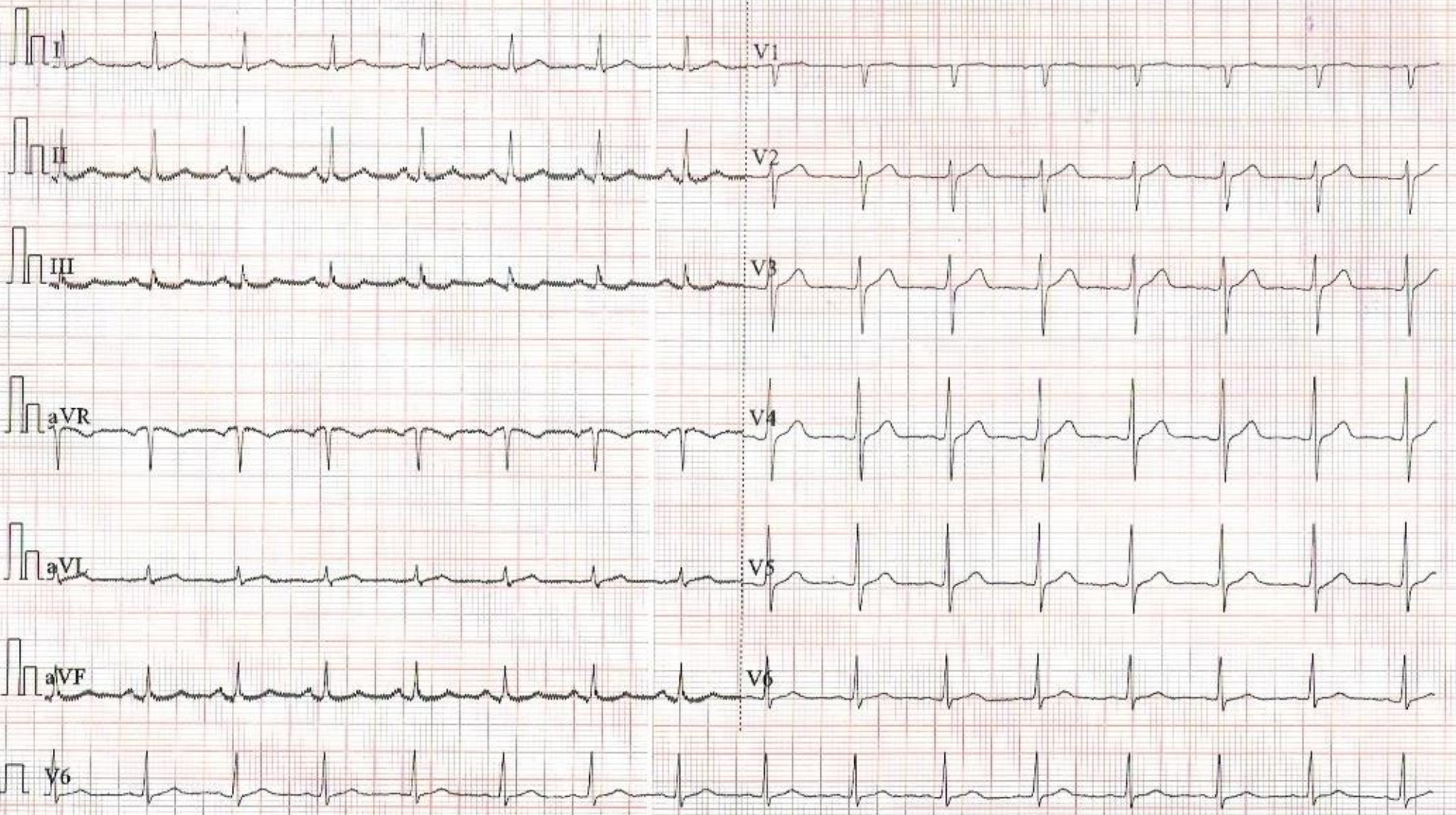
HR	: 92	bpm	
P	: 98	ms	
PR	: 136	ms	
QRS	: 96	ms	
QT/QTc	: 336/416	ms	
P/QRS/T	: 67/54/46	°	
RV5/SV1	: 2.196/0.764	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10/5mm/mV 2*5.0s+1r ♥92 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient's Name	:	**MD REZAUL KARIM SHARIF**	ID NO	:	23030536
Age	:	**38 Yrs**	Date	:	20/03/2023
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 (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

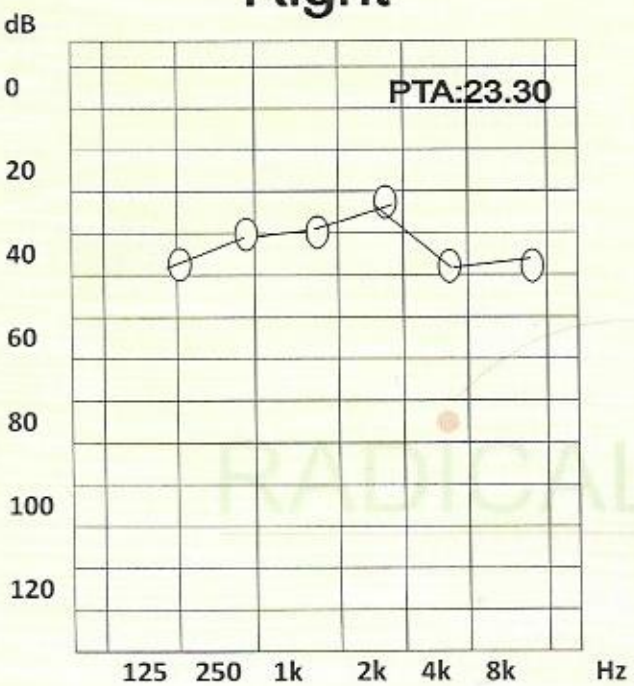
Patient Name : **MD REZAUL KARIM SHARIF** **20/03/2023**

Age : **38 Yrs**

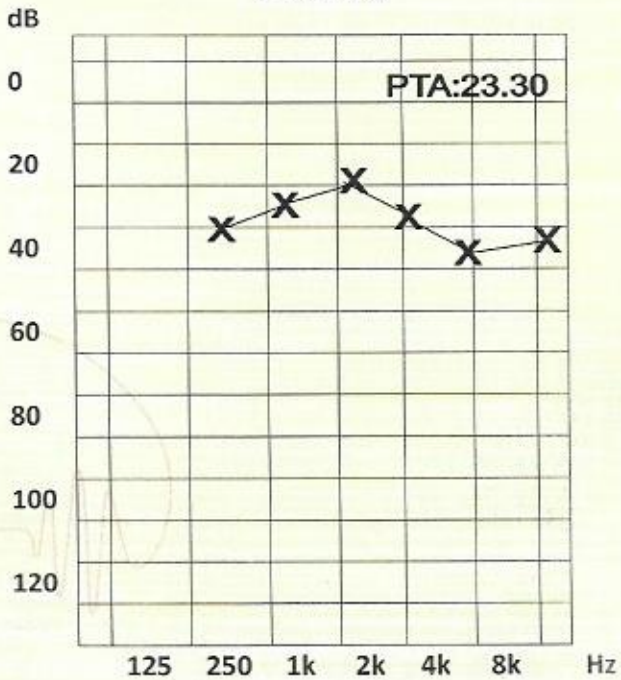
Address : RHL, UTTARA

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		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD REZAUL KARIM SHARIF date of birth 20/11/1984 Sex MALE
JE Soussigne' (e) certifie que 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 ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
20 MAR 2023	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins 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 perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD REZAUL KARIM SHARIF date of birth 20/11/1984 Sex MALE
JE Soussigne' (e) certifie que do' (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 fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 20 MAR 2023	DR. MIR. MD. RAIHAN MBBS (DU). DFM. CCD (Birdem), PGT (Opnth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih 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 sch period often years, from the date of the revaccinalion.

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 avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

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

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