This certificate is issued by an	thority of the Maritime Adn	ninistrator and in complian	ATION REPORT nce with the requirements of the s amended and the Maritime L	e Medical Examination	ATE (Seafarers) convention 1946
SURNAME: MON	DAL	GIVEN NAME	(S): PRONOB		
NATIONALITY: BA	NGLADESHI NGLADESHI	ID DOCUMEN	TNO: (10/87	183	00
DATE OF BIRTH: 2	2-04-1995		THE KAWKHALT	SEX: MALL	
MONTH DAY	YEAR	CITY CO	UNTRY: BANGLADESH	MALE	IN MO SE
EXAMINATION FOR MASTER	R DUTY AS:	MAILING ADI	DRESS OF APPLICA		RADICAL E
DECK OFFICER	H	VIII: GIAN	DHABAPUR (ASPA		HIRLEY
ENGINEERING OFFICER RADIO OFFICER RATING		KAWKH	ALI, PIROJPUR	100	NO. A-55
DECLARATION OF A	PPROVED MEDICAL	PRACTIONER:			
1 CONFIRM THAT IDE	ENTIFICATION DOC	JMENTS WERE CH	HECKED:	→ YES	□ NO
MEDICAL EXAMINA					,
HEIGHT	WEIGHT	BLOOD PRESSURE		RESPIRATION	GENERAL APPEARANCE
170em	76 10%.	(30/30 10	, ,	120/2	and
VISION:	IGHT EYE	LEFT EYE	HEARING	DICHTEAD	LEPTEAD
WITHOUT	ioni Li L	1 00		RIGHT EAR	LEFT EAR
GLASSES	6/6/	60			·
10	C		0.00-0	m	• • • • • • • • • • • • • • • • • • • •
WITH GLASSES	1		1000		
COLOR TEST TYPE: NORMAL	BOOK LANTER		DLOR TEST IS YELI	OW RED GI	REEN BLUE
DATE OF LAST COLOR	VISION TEST:	2 Z MAY 2023			
ARE GLASSES OR CON	TACT LENSES NECESS	SARY TO MEET THE	REQUIRED VISION STA	NDARD? YI	ES NO
HEAD AND NECK	Alman.		HEART (CARDIOVAS		
LUNGS	10000	w(	SPEECH (DECK/NAVIG		AND RADIO - FI-AR
Borros	Norm		OFFICER)		
	1 10111	9	IS SPEECH UNIMPAIRE COMMUNICATION?	D FOR NORMAL V	OICE J
EXTREMITIES:	,				
UPPER	Non	m_	LOWER	Nonny	
IS APPLICANT VACC	INATED IN ACCORD	DANCE WITH WHO	REQUIREMENTS?	YES 🗖	NO□
IS APPLICANT SUFFEI WORKING ABOARD A OR LIKELY TO ENDAT	VESSEL, OR TO REN	DER HIM/HER UNI	FIT FOR SERVICE AT S	YES T	NOD-
			IPTION MEDICATION	S? YES□	NOE
allord.				22	MAY 2023
SIGNATURE OF APPLIC	CANT	I	DATE		11111
THIS SIGNATURE SHOUL	D BE AFFIXED IN THE PR	ESENCE OF THE EXAM	MINING PHYSICIAN.		- Hills
					pg. 1

\* As Per-MLG-2006

	PRONUB	MONDAL
	NAME OF APPI	
HIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:	YES	NO
IEARING MEETS THE STANDARDS IN SECTION A – 1/9:	YES	NO
INAIDED HEARING SATISFACTORY:	YES	NO
ISUAL ACUITY MEETS STANDARDS IN SECTION A - 1/9:	YES	NO
COLOUR VISION MEETS STANDARDS IN SECTION A - 1/9:	YES	NO
TICK APPROPRIATE CHOICE: THE / SHE IS FOUND TO BE FIT / NOT FIT FOR OFFICED / ENGINEERING OFFICER / RADIO OFFICER / ELECTRICAL ENGIN INTHOUT ANY / WITH THE FOLLOWING RESTRICTIONS:	EER (ELECTRICIAN	n)/ Prating
NAME AND DEGREE OF PHYSICIAN: <u>DR. MIR MD. RAIHAN MBBS</u> ,(D	U), DFM, Reg: A	<u> 4-55144</u>
ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, SECT	OR-12, UTTARA	A,DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BAN	NGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY 2014		
SIGNATURE OF PHYSICIAN:  BMDC A 55144, DG Shipping Bang General F	gladesh Approved Physician	
THE COMMISSION OF STREET	pitais Limited_	
EXPIRY DATE OF CERTIFICATE: 21 MAY 2025		



#### MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the international Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- a) Hearing
  - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- b) Eyesight
  - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- c) Dental
  - Seafarers must be free from infections of the mouth cavity or gums.
- d) Blood Pressure
  - · An applicant's blood pressure must fall within an average range, taking age into consideration.
- e) Voice
  - Deck/ Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- f) Vaccinations
  - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations.
     If new vaccinations are given, these shall be recorded.
- g) Diseases and Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, sentility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
  - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/ navigational officer's certificate.
  - Applicants for fireman/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/ Certificate" as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/ her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his report. The medical examination report shall be used only for determining the fitness of the scafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided — Medical Exam Form).

7.7 MAY 2023



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

pg. 3

t la to

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

	UBLIC OF LIBERIA	
LAST NAME OF APPLICANT MONDAL	FIRST NAME PRONOB	MIDDLE INITIAL
DATE OF BIRTH	PLACE OF BIRTH	SEX
MONTH 04 DAY 22 YEAR 1995	CITY PIROJ PUR COUNTRY BANG	MALE FEMALE
EXAMINATION FOR DUTY AS:  MASTER RATING 4	MAILING ADDRESS OF APPLICANT:	VALUE OF ACTION OF THE PROPERTY.
MATE MOU DECK	VIII! GANDHABAPUR (ASPA)	DDY), KAWKHALI,
ENGINEER MOU ENGINE	KAWKHALI, PIROJPUR	
RADIO OFF SUPERNUMERARY		-
MEDICAL EXAMINATION (SEE PAGE 2) STATE DE	TAILS ON PAGE 2	
12000 7660 1300 PRESSURE PULSE	2/mi RESPIRATION GENER	AL APPEARANCE
VISION RIGHT EYE LEFT EYE	1	-
WITH GLASSES 67 7	2023	
DATEOFLASTCOLOR VISIONTEST (Month/Day/Year) 22 MAY		
COLOR VISIONMEETS STANDARDS IN STCW CODE, TABLE A-1/		:[1
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST	IS NORMAL YELLOW RED	GREEN BLUE
HEARING:	LEFT EAR	1.
HEAD AND NECK	HEART (CARDIOVASCULAR)	Z-0. 1
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFIC	ER AND RADIO OFFICER)
Nonn	IS SPEECH UNIMPAIRED FOR NORMA	
EXTREMITIES UPPER NONM		stans 1
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE A TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? I	AGGRAVATED BY, OR TO RENDER HIM UNFIT FOI F YES, EXPLAIN IN DETAILS OF MEDICAL EXAMI	R SERVICE AT SEA OR LIKELY NATION ON PAGE 2.
ellado.	2 2 MAY 2023	2 1 MAY 2025
SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIN	CED IN THE PRESENCE OF THE EXAMINING PHYSI	CIAN
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GI	DEANAD DAM	NDAL
FIT FOR DUTY ON E	VEN TO	1.74
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A. (MA		A MONTEDON MONTEDON
SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER	R (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR	G, MOU DECK, MOU ENGINE or LOOKOUT DUTIES?
NAME AND DEGREE OF PHYSICIAN DR. MIR MD.	RAIHAN MBBS,(DU), DFM	=
ADDRESS RADICAL HOSPITALS LIMITED. 35, SI	HAH MAKHDUM AVENUE, SECTOR-1	2, UTTARA, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORIT		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 N	MAY 2014	
SIGNATURE OF PHYSICIAN	DATE OF EXAM	MINATION: 22 MAY 2023
This certificate is issued by authority of the Deputy Con requirements of the Maritime Labour Convent	amissioner of Maritime Affairs, R.L. and in	compliance with the
The Medical Certificate shall be valid for no more than		
years of age and for no more than one (1) year		
RLM-105M (REV. 12/17)	for those under 18 years of age.	
DR. MIR. MD. RAIHAN	200	181
	14/	1511
BMDC A 55 144, MMC BCD 016  BMDC A 55 144, MMC BCD 016  DG Shipping Bangladesh Approved	(As Per-MICO20	

#### 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 scafarer 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	
The state of the s	

02. Pathological Test

Radiological Test

Ophthalmology Examination For VA & CV

2.2 MAY 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

RLM-105M (REV, 12/17)





## CHEMICAL BLOOD SCREENING CERTIFICATE

Seafarer's Information			
Seafarer's Name (Last, First, Middle) PRONOB MONDAL	Sex (Male/Female) MALE		
Date of Birth (Day/Month/Year) 22-04-1995	Nationality BANGILADESHIT		

This is to confirm that the above-mentioned seafarer will be sailing / have sailed\* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

rior to joining vessel

□ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals')

	Declaration of the recognized medical prac	uuoner	1,22	
		Yes	No	N/A
1	Identification documents were checked at the point of examination?			
2	All values within reference level?			
	If "No", please specify.			
3	Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the			
	seafarer unfit for such service or endanger the life of person on-board?	4.0		
4	Date of chemical blood test (Day/Month/Year)	22 MAY	2023	<u> </u>

Seafarer has been found fit / unfit\* for service at sea

2 2 MAY 2023

Date/ Place

Signature of Authorised Person

(Specify Rank)

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

Official Stamp of Issuing Authority (Name, Address etc.)

#### FOR SEAFARER

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

Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.



# ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

and have been informed of the right to

review.

Seafarer's Signature



SL NO.

04.2023.4025

DR. MTR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited Name & Signature of the practitioner:

#### SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

EAFARER INFORMATION:  Iame: Last MONDAL First PRONOB Middle Middl	1023 783 0008133 153095
The process of the point of the People's Republic of B and up authorized by the Department of Shipping, Government of the People's Republic of B at followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  Rank: OILEP.  Rank: OI	1023 783 0008133 153095
And the section of the policy of the section A-1/9?  Coupation: Deck/Engine/Catering/Other (specify). CILED.  Anher's/ Husbad'sname: PAPITOSH KUMAP IMONDAL  Coupation: PUSHPA PANI MONDAL  Seaman ID No. 0.5.  Seaman ID No. 0.5.  Seaman ID No. 0.5.  Passport No. E.A.0.  NID No. 199.5.79.  P.O. KAWKHALT  District: PIPODDUR  ECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  In duly authorized by the Department of Shipping, Government of the People's Republic of Bits followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-1/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-1/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	783 0008133 153095
ather's/ Husbad'sname: PARTICSH PUMAR IMONDAL Other's Name: PUSHPA PAN1 MONDAL Seaman ID No. 0.5.  Address: House No: Street/ Road No: Passport No. E.A.O.  Locality/Village: C1ANDHABAPUR (ASPADDY) P.O: ICANULHALT District: PIPO DUR  ECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: Imm duly authorized by the Department of Shipping, Government of the People's Republic of Billionings:  1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties: Location/Vessel:  RABICAL HOSPITAL LIMITED	783 0008133 153095
other's Name: PUSHPA PAN1 MONDAL  didress: House No: Street/ Road No: Passport No. P.A.P.  Locality/Village: C1ANDHABAPUR (ASPADDY)  P.O: KAWKHALT  District: PIPODPUR  CCLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	0008133 153095
Address: House No: Street/ Road No: Passport No. E.A.O.  Locality/Village: CTANDHA BAPUZ (ASPADDY)  P.O. KAWKHALT  District: P/PODPUZ  CLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  In duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	153095
Locality/Village: CTANDHABAPUR (ASPADDY)  P.O. KAWKHALT  District: P/PODPUR  CLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED  Little Phase Pandadesh	
P.O. KAWKHALT  District: PIPODPUZ  CLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  RABICAL HOSPITAL LIMITED  These Peacetages	14747017724
District: P/PODPUZ  CLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED  Little Date Registers	desidentes de la constanción d
District: P/PODPUZ  CCLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED  Little Date Regulates	04-1995
District: P/PODPUR  CLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	M/YYYY)
ECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: Im duly authorized by the Department of Shipping, Government of the People's Republic of B e followings:  1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Duties: Location/Vessel:  RABICAL HOSPITAL LIMITED  Linear Parks Park	,
m duly authorized by the Department of Shipping, Government of the People's Republic of Be followings:  1. Confirmation that identification documents were checked at the point of examination  2. Hearing meets the standards in section A-I/9  3. Unaided hearing satisfactory?  4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	
1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Duties: Location/Vessel:  RABICAL HOSPITAL LIMITED	Sangladach and co
2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9?  Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	sangiauesii anu co
2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9?  Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YESANO
4. Visual acuity meets standards in section A-I/9?  5. Colour vision meets standards in section A-I/9?  Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
5. Colour vision meets standards in section A-I/9?  Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
Date of last colour vision test  6. Fit for lookout duties?  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	2 2 MAY 2023
render the seafarer unfit for service or to render the health of any other persons on board?  8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties:  Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
8. Any limitations or restrictions on fitness?  If YES, specify limitations or restrictions:  Duties: Location/Vessel:  RABICAL HOSPITAL LIMITED	
If YES, specify limitations or restrictions:  Duties: Location/Vessel:  RABICAL HOSPITAL LIMITED	:YES/NO
Duties: Location/Vessel: RABICAL HOSPITAL LIMITED	:YES/NO
Location/Vessel: RABICAL HOSPITAL LIMITED	
Illana Dhaka Dagaladach	
Medical fitness category : Fit-No restriction Fit-Subject to restrictions	Unfit
. Date of examination/Issue (DD/MM/YYYY). 22 MAY 2023	
. Date of expiry (DD/MM/YYYY). 2 1 MAY 2025	examination".

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in
  one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
  glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to
  perceive the colors red, yellow and green.

(c) Dental:

Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

• An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal
voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

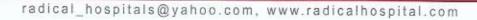
#### DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 7.7 MAY 2023 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





Id No

: 0695

Date: 22-May-2023

D.Date: 22-May-2023

Patient's Name: PRONOB MONDAL

Age : 28Y 1M 0D

Gender: Male

Specimen

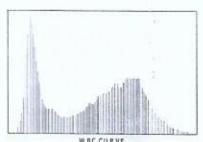
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8783

#### Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.3 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.
ESR(Westergreen)	06 mm/1st hr	Male: 0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000 10,000, Carrini
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	164 /cumm	50-450/cumm
Total RBC Count	4.60 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	34.5 %	M: 40-54%, F:37-47%
MCV	75.0 fL	76 - 94 fL
MCH	28.9 pg	27 - 32 pg
MCHC	38.6 g/dL	29 - 34 g/dL
RDW	12.3 %	14 - 16 %
PDW	15.2 fL	35 - 56 п
Total Platelete Count (PC)	1,97,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.207 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	9/0	0.1- 0.2 %



R B C CURVE

Checked By Medical Technologist

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



Bill No	DIA-23050695	Received Date	22/05/2023
Patient's Name	PRONOB MONDAL	received Date	22/03/2023
Patient's Age	28Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eve),DFM	CDC NO:C/O/8783
Sample	BLOOD	, , , , , , , , , , , , , , , , , , , ,	220113.010/0103

### SEROLOGYCAL REPORT

L (P) P)	
VDRL	Non-reactive



Checked By

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



Bill No	DIA23050695	Received Date	22/05/2023
Patient's Name	PRONOB MONDAL		22/03/2020
Patient's Age	28Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye).DFM	CDC NO:C/O/8783
Sample	Urine	-	

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-3/HPF

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidie	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NII.	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

## ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Urie Aeid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor, Phos	Nil
	Not Done	Hippurate crystal	NIL

Checked By

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



Bill No	DIA23050695	Received Date	22/05/2023
Patient's Name	PRONOB MONDAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22/00/2020
Patient's Age	28Y 1M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CDC NO:C/O/8783
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



Patient's Name	:	PRONOB MONDAL			
Age	:	28 Yrs	Date	:	22/05/2023
Sex	:	Male CDC NO:C/O/8783		/O/8783	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), 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 /very 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 /ESFF
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /yery good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /wery good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good Nery good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent
	Poor /Good /very good /exceller

-600d: 6-7

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050692 Receive: Print: 22/05/2023

Patient's Name : PRONOB MONDAL

Age : 28YRS Sex : M

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

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

Rate : 78 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



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050692 Receive:22/05/2023 Print: 22/05/2023

Patient's Name : PRONOB MONDAL

Age : 28 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.

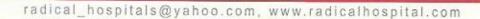
Comments : Normal chest skiagram.

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





Patient's Name	:	PRONOB MONDAL	ID NO	:	23050692
Age	1:4	28 Yrs	Date	:	22/05/2023
Sex	1:	Male		-	
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:	(= 2), = 2			

# **Dental Examination Reports**

#### On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

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

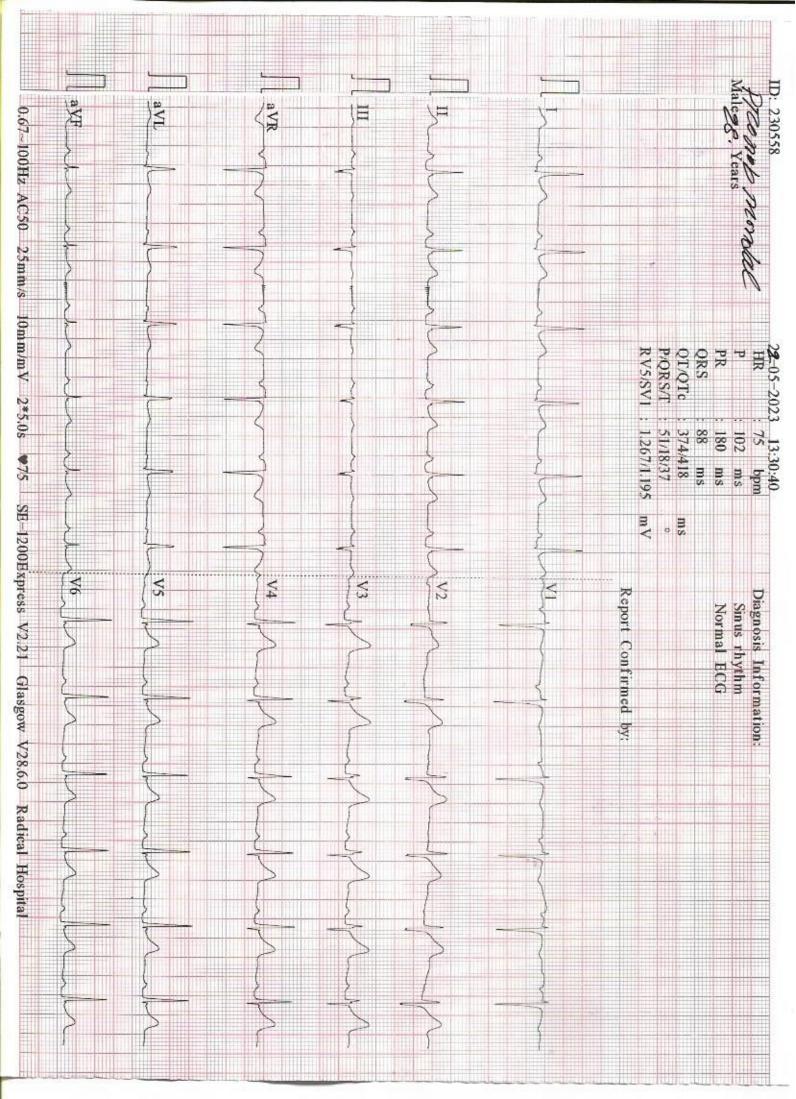


Date: 22/05/2023

# EYE EXAMINATION REPORT

NAME:	PRONOB MO	NDAL		
AGE:	28 YRS		RANK: OILER	CDC NO:C/O/8783
VISUAL	ACUITY:	RIGHT	LEFT	
UNAIDE	ED	6/6	GU	
AIDED	e			
	R VISION:	NORMAL / BLIND		
OPINIO	N :	UNFIT / FIT FOR EMPLO	DYMENT ON BOARD	

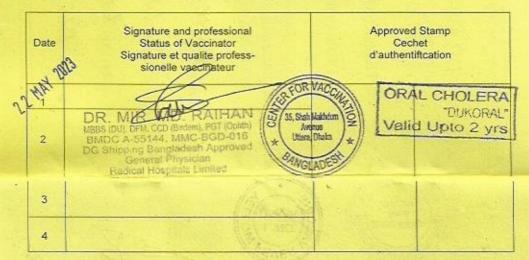
Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital



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

PROT	NOB MON,	DAL	00 44 1005	DABLE
This is to certify that JE Soussigne' (e) certifie qu	e de	date of birth no' (e) le	22-04-1995 Se	MALE Xe
Whose signature follows dont la signature suit	PUN			

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 datc indiquee.



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 perforned.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une períod 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 cette 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 cofflmence lejour de la seconde, injection.

De cachet d' authentification 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

PRONOB M	ONDAL	
This is to certify that JE Soussigne' (e) certifie que	date of birth 22	-04-1995 Sex MALE
Whose signature follows don't la signature suit		(H) (H)

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 102	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricani du vaccin et nunno ro du lot	Official sump of vaccinating centre . Cachet officicl du centre de vaccination
1/4	上 2 2 2 2	R. MIR MD RAIHA BS (DU), DFM, CCD (Badem), PGT (Opi MDG A-SS144, MMC-BGD-01 B Shepping Bangtirdesh Approv General Ptry sicint	N FEVER L NO	35, Sheh Meldolum S Avenue Utiare, Dhalla
	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 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 avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa\_tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiile pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvre une pe'riode de dix ans comencant dix joursapres la date de la vaccination ou, dans le cas dune relaccination.u.ou., a.-citte lie,iio,i. a" dix ans. lejour de cette revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Ionant lieu de signature.

Toute ecreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il