

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: TAPAN MALAKER Sex: M Serial No: _____
 Date of Birth: 01/02/1969 PP/CDC: 10/3716 Rank: CHIEF ENGINEER
 Vessel: _____ Type: BULK Route: WORLD WIDE
 Home Address: 25/1, GANGA DHAR PATTY, BLOCK 'A' MANIKGANT SADAR
MANIKGANT -1800
 Company Name: SYNERGY GROUP

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	
<u>160cm</u>	<u>72kg</u>	<u>112-113</u>	<u>120/80mm</u>	<u>78b/min</u>	<u>12b/min</u>	<u>Good</u>	<u>Good</u>
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye		<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>
Left Eye		<u>6/6</u>	Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear		
	Other	Normal	Abnormal		Left ear		

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>14.8</u> gm%	14-16 gm %	Colour
Total WBC count	<u>8,100</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>72</u> % Lymph <u>24</u> % Eos <u>02</u> Ba <u>00</u> % Mo <u>02</u> %			pH
Malaria parasite	<u>Not Found</u>		Albumin
ESR	<u>05</u> mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	<u>U/L</u>	9-43 U/L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg /dl	Occult blood
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV I & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		
Others	<u>NOT RUN</u>	GGTP U/L	
Blood Group			

ECG : Normal TMT: NIE

X-Ray Chest: Normal

Drugs of Abuse: NEGATIVE

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: 29 MAY 2025

Candidate's Signature

Date: 30 MAY 2023

Doctor's signature



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.

04.2023 4101

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT MALAKER			FIRST NAME TAPAN			MIDDLE INITIAL		
DATE OF BIRTH 02 MONTH 01 DAY 1969 YEAR			PLACE OF BIRTH CITY MANIKGANTJ COUNTRY BANGLA			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT:		
MASTER ☐			RATING ☐			25/1, GANGADHAR PATTY, BLOCK 'A' MANIKGANTJ SADAR MANIKGANTJ-1800		
MATE ☐			MOU DECK ☐					
ENGINEER ☒			MOU ENGINE ☐					
RADIO OFF ☐			SUPERNUMERARY ☐					

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 169 cm	WEIGHT 79 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 bpm	RESPIRATION 20 bpm	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES 6/6 / 6/6					
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 30 MAY 2023 Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES ☒ NO ☐					
COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☒ GREEN ☒ BLUE ☐					
HEARING: RT. EAR Normal LEFT EAR Normal					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No.					

 SIGNATURE OF APPLICANT	30 MAY 2023 DATE OF EXAM	29 MAY 2025 EXPIRY DATE
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **TAPAN MALAKER** (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS, (DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN  DATE OF EXAMINATION: **30 MAY 2023**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17) **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.



MEDICAL REQUIREMENT

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

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

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

01. Completed Physical Examination

02. Pathological Test

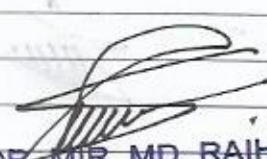
03. Radiological Test

04. Ophthalmology Examination For VA & CV

30 MAY 2023

RLM-105M (REV. 12/17)



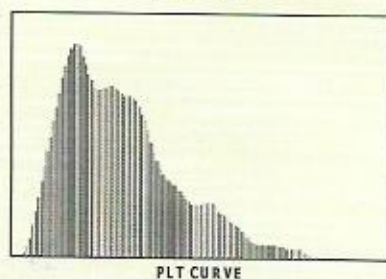
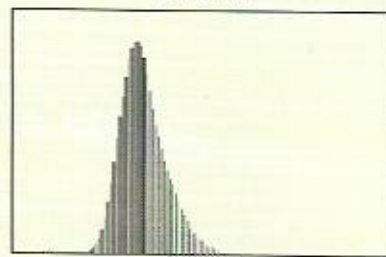
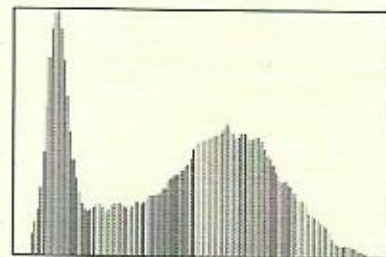

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bkdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0929 **Date** : 30-May-2023 **D.Date** : 30-May-2023
Patient's Name : TAPAN MALAKER **Age** : 54Y 3M 29D **Gender** : Female
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/3716

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	72 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	24 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	142 /cumm	50-450/cumm
Total RBC Count	4.82 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.5 %	M: 40-54%, F:37-47%
MCV	82.0 fL	76 - 94 fL
MCH	30.7 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	15.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,63,000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.134 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]

Checked By
Medical Technologist

[Signature]

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

Bill No	DIA23050929	Received Date	30/05/2023
Patient's Name	TAPAN MALAKER		
Patient's Age	54Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3716
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

RADICAL

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	DIA23050929	Received Date	30/05/2023
Patient's Name	TAPAN MALAKER		
Patient's Age	54Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3716
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	1-3/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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23050929	Received Date	30/05/2023
Patient's Name	TAPAN MALAKER		
Patient's Age	54Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3716
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. : 23050929 Receive: Print: 30/05/2023
Patient's Name : TAPAN MALAKER
Age : 54 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 73 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

ID: 23075

29-05-2023 12:15:53

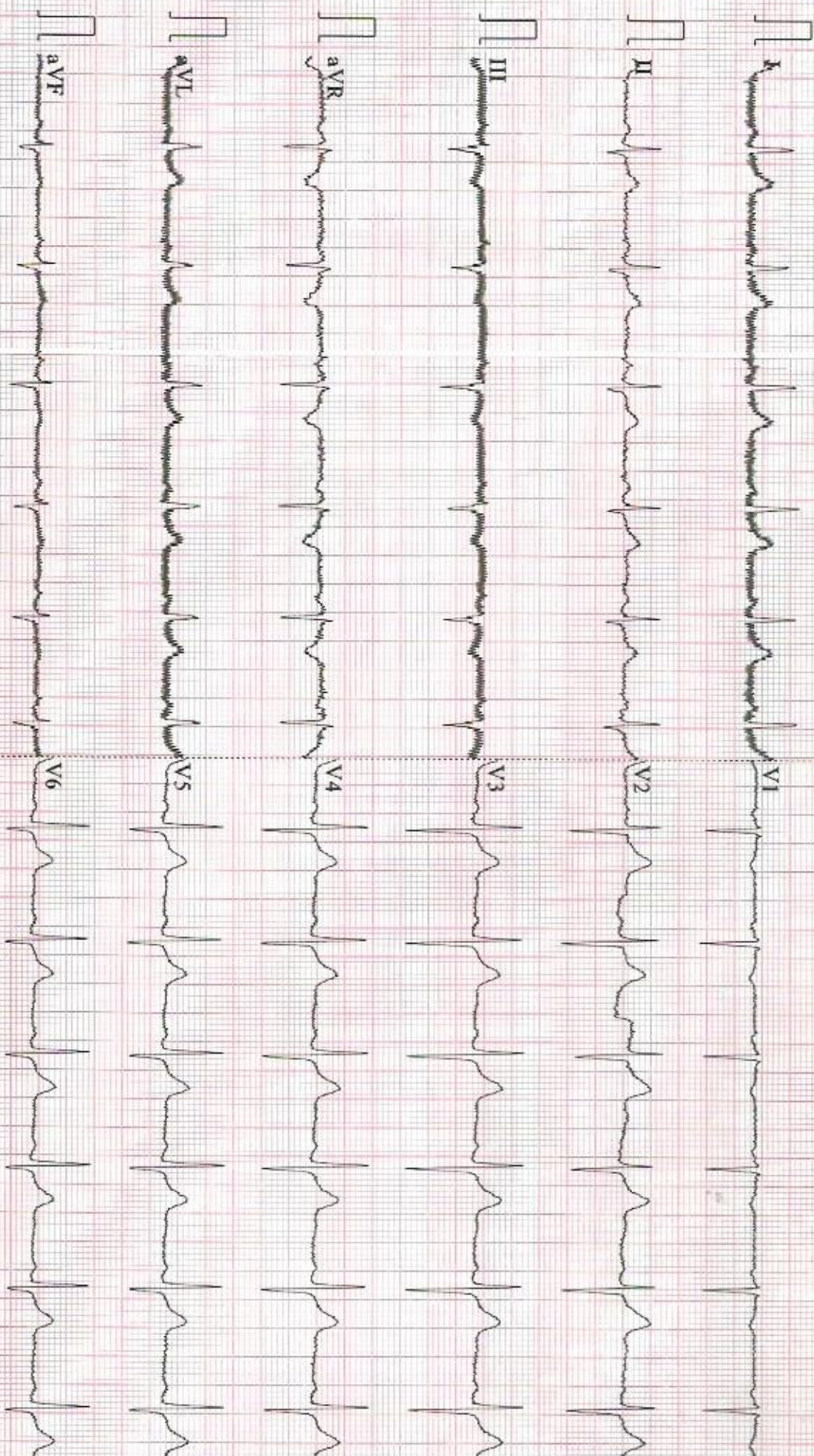
Patient name
Male 54 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 73	bpm
P	: 116	ms
PR	: 150	ms
QRS	: 92	ms
QT/QTc	: 376/415	ms
P/QRS/T	: 48/-5/13	°
RV5/SV1	: 1.067/0.904	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050929 Receive: 30/05/2023 Print: 30/05/2023
Patient's Name : TAPAN MALAKER
Age : 54 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

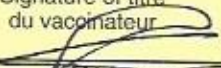
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONALUASX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

TAPAN MALAKER

This is to certify that
JE Soussigne' (e) certifie que | date of birth | 01.02.1969 Sex | M
no' (e) le | | Sexe |

Whose signature follows
don't la signature suit |  |

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

Date 30 MAY 2023	Signature and professional Statut of Vaccinator Signature of titre du vaccinateur 	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCB (Bldem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved 2 General Physician Radical Hospitals Limited.			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l calih 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, aion ae" tc'tra6iiiiie pali-aminslraton sanitaire du (erriloire dans loquel'ce centre est siture;

La validite' de ce certificat couvrz 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,llo,i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signe' 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 allector sa validite.

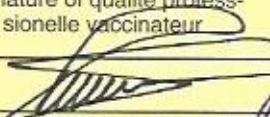
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

TAPAN MALAKER

This is to certify that JE Soussigne' (e) certifie que _____ date of birth no' (e) le 01.02.1969 Sex M
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 la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
30 MAY 2023		
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

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