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: RUBEL MOHAMMAD SALLAT HOSSAIN Sex: M Serial No:
Surname First Name Middle Initial

Date of Birth: 14/12/1992 PP/CDC: C10/8340 Rank: 3/E

Vessel: M-T- FC STAR Type: OIL TANKER Route: WORLDWIDE

Home Address: VILL- SAYEDPUR, P.O. BARASHALGHAR, DEDIDWAR, CUMILLA

Company Name: NAVIGATION SAIL SHIPPING LIMITED

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
Severe one sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
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
170cm	60KG	41 — 40	110/75mm	78b/min	19b/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			
	Ishihara	Normal	Abnormal
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

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 3RD ENG
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	15.5 gm%	14-16 gm %
Total WBC count	9,500 cu.mm	4000-11000 / cu.mm
Neu 68 % Lymp 26 % Eos 03 Ba 00 % Mo 02 %		
Malanal parasite	Not Found	
ESR	10 mm / 1st hour	1- - 15 mm / hr
SGPT	23 U/L	9--43 U / L
S.Cholesterol	NIE mg/dl	145--260 mg / dl
S.Triglycerides	NIE mg/dl	upto 200 mg /dl
Blood Sugar	RBS NIL PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRI	Not Reacted	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Green
Specific Gravity	N/I
pH	N
Albumin	N
Sugar	N
Bile pigment	N
Bile salts	N
Occult blood	N
RBC cells	N
Leucocytes	N
Others	

ECG : Normal TMT: NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

DR. MIR. MD. RAIHAN RADICAL HOSPITALS LTD REG. NO A-55144

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: 02 MAY 2025

Candidate's Signature

Date: 03 MAY 2023

Official Stamp: Radical Hospitals Ltd. As-Per-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.

04.2023.3862

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: RUBEL	GIVEN NAME (S): MOHAMMAD SAZZAT HOSSAIN
DATE OF BIRTH: DAY 14 MONTH 12 YEAR 1993	PLACE OF BIRTH CITY CUMILLA COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VILL. SAYEDPUR. P.O. BARASHALGHAR P.S. DEBIDWAR. CUMILLA

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	☐ BOOK ☑ LANTERN YELLOW RED GREEN BLUE	RIGHT EAR
LEFT EYE	6/6	—		LEFT EAR

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 03 MAY 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☐

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☐

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant

MOHAMMAD SAZZAT HOSSAIN RUBEL
Name of Applicant

03 MAY 2023
Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN: Radical Hospitals Ltd. ★ Approved ★ Diagnostic ★ As Per MLC 2006 ★ Department of Shipping

DATE: 03 MAY 2023

EXPIRY DATE OF CERTIFICATE: 02 MAY 2025

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

GLOBAL OCEAN SHIPPING SERVICES LTD.

GOSSL	Revision No:	00
	Issue Date:	18.03.2018
	Page	Page 1 of 3
Crew Manning Agency Quality Manual (FORM)		GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): MOHAMMAD SAZZAT HOSSAIN ROBEL					
Address: VILL- SAYEDPUR. P.O. BARASHALGHAR. P.S. DEBIDWAR CUMILLA					Tel No;
Passport No EB0720217	Date of Birth 14-12-1993	Country of Birth BD	Nationality BANGLADESH	Sex: Male/Female	Dept: Deck/Engine Rank: 3/E

PART B. APPLICANTS DECLARATION (Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		✓	
b. an Operation?		✓	
c. an accident needing hospital treatment?		✓	
d. Tuberculosis or abnormal chest X-ray?		✓	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		✓	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		✓	
g. convulsions, fits or epilepsy?		✓	
h. ear or hearing problem?		✓	
i. high blood pressure?		✓	
j. chest pain at rest or on exertion, or other heart trouble?		✓	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		✓	
l. stomach/duodenal ulcer,'gastric', blood in the vomit or stool?		✓	
m. kidney disease or problem passing urine?		✓	
n. pain in the spine ,back or any joint?		✓	
o. occasion to wear contact lens or glass?		✓	
p. allergic reactions to food or drugs etc?		✓	
q. diabetics or sugar in the urine?		✓	
2. Social habits- Do you take alcohol, drug or smoke?		✓	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		✓	
4.Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		✓	
5. Do you have a medical or other condition not already mentioned above?		✓	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date 03 MAY 2023

Signature of the Applicant

PART B. RESULTS OF EXAMINATION:

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

1.Height/Weight	170	meters	69	Kilos		
2.Hearing	NAD		NAD		Right Left	
3. Eyesight (with out aids)	6/6	Right	6/6	Left		
Eyesight (with aids)		Right		Left		Colour vision
4. Urinalysis		Microscopy		Sugar		Albumin
5. Full Blood count	13.5	Hb	9.900	WBC	202000	Pltelts
6. VDRL		Negative		Positive		
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9.Pulse	78	Per min				
10. Blood Pressure	120/75	mmHg				
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14.Digestive system		Normal		Abnormal	If abnormal give details	
15.Gastrointestinal system (e.g.hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g Spine and limbs)		Normal		Abnormal	If abnormal give details	
17.Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18.Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24.Eyes		Normal		Abnormal	If abnormal give details	

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 03 MAY 2023

Signature of the Approved medical practitioner

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

PART C: **Medical Fitness certificate:**

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

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: MOHAMMAD SAZZAT HOSSAIN RUBEL

SEAMAN BOOK NO/PP NO.....C101 8340.....

I certify that have examined the person named above to the Medical Standards of the .....
And have found * him/her *FIT/UNFIT.

Remarks If any:

.....

.....

Signature And Name of Approved Medical Practitioner

03 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

Date of Examination .....

Registered Number: .....

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status – Issue and Registration of Certificates, and Section – B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table – B- I/9 -1 or – B- I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embankment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)

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

RADICAL HOSPITAL LIMITED

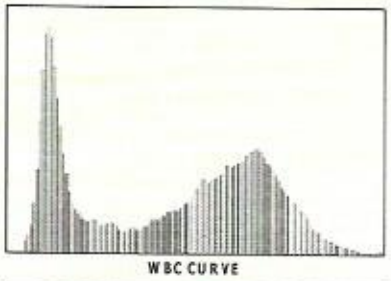
radical_hospitals@yahoo.com, www.radicalhospital.com

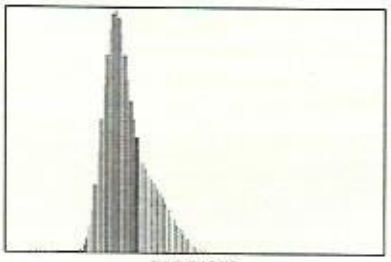
Id No	: 0079	**Date :** 03-May-2023	**D.Date :** 03-May-2023
Patient's Name :	MOHAMMAD SAZZAT HOSSAIN RUBEL	**Age :** 29Y 4M 19D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC No: c/o/ 8340	

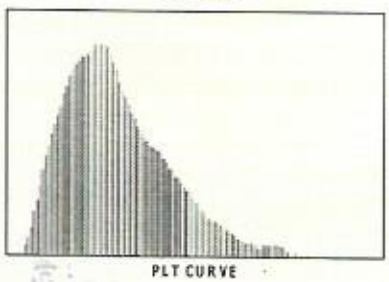
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.5** 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)	**10** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**9,500** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**68** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**28** %	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	**190** /cumm	50-450/cumm
Total RBC Count	**5.40** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.1** %	M: 40-54%, F:37-47%
MCV	**76.1** fL	76 - 94 fL
MCH	**28.7** pg	27 - 32 pg
MCHC	**37.7** g/dL	29 - 34 g/dL
RDW	**12.3** %	11 - 16 %
PDW	**15.0** fL	35 - 56 fl
Total Platelete Count (PC)	**2,02,000** /cumm	150,000-450,000/cumm
MPV	**10.3** fL	7.0 - 11.0 fL
PCT	**0.208** %	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	DIA23050079	Received Date	02/05/2023
Patient's Name	MOHAMMAD SAZZAT HOSSAIN RUBEL		
Patient's Age	29Y 4M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8940
Sample	blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	23 U/L	Up to 40 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

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

Bill No	DIA23050079	Received Date	02/05/2023
Patient's Name	MOHAMMAD SAZZAT HOSSAIN RUBEL		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8940
Sample	blood		

SEROLOGYCAL REPORT

HBsAg (Method : (ICT)	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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8940
Sample	urine		

URINE EXAMINATION

Test Name		Result
Urinary Phenol	:	Negative
Urinary Benzene	:	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23050079	Received Date	02/05/2023
Patient's Name	MOHAMMAD SAZZAT HOSSAIN RUBEL		
Patient's Age	29Y 4M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8940
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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050079	Receive:03/05/2023	Print: 03/05/2023
Patient's Name	:	**MOHAMMAD SAZZAT HOSSAIN RUBEL**		
Age	:	29 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

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

This report has been electronically signed.

ID: 592

Mohammad Sohail

Male 20 Years / Hasan Patel

03-05-2023 12:00:55 PM

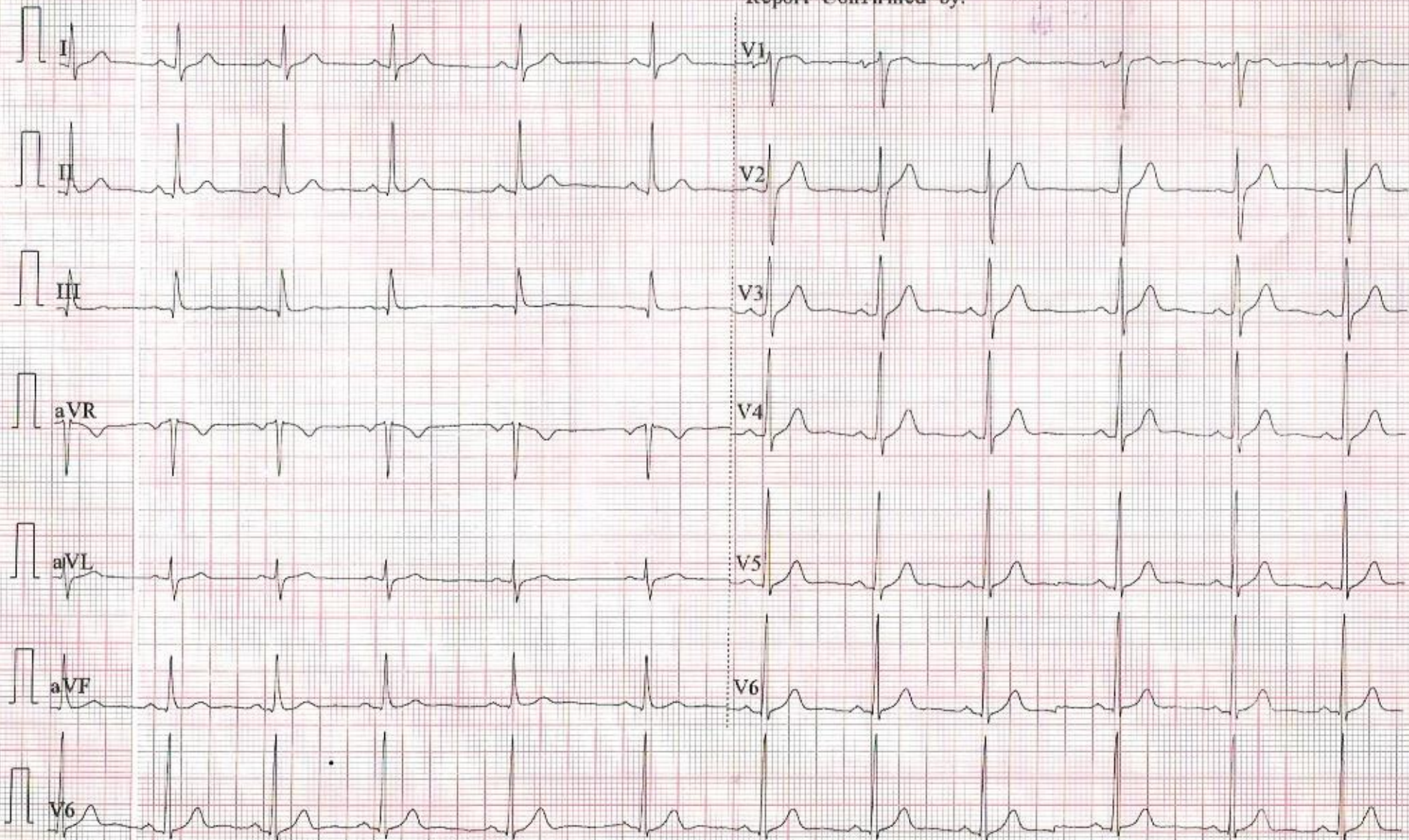
HR	: 69	bpm	
P	: 106	ms	
PR	: 148	ms	
QRS	: 102	ms	
QT/QTc	: 356/382	ms	
P/QRS/T	: 37/60/37	°	
RV5/SV1	: 1.774/0.864	mV	

Diagnosis Information:

Sinus arrhythmia

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥69 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050079	Receive: Print: 03/05/2023		
Patient's Name	:	**MOHAMMAD SAZZAT HOSSAIN RUBEL**			
Age	:	29 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	69 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

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

MOHAMMAD SAZZAT HOSSAIN RUBEL

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 14-12-93 | Sex / sexe: MALE

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
1	03 MAY 2023	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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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 l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quclconquc 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

MOHAMMAD SAZLAT HOSSAN RUBEL

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le | 14-12-1993 | Sex / sexe | MALE

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
03 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	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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This certificate is valid only if the vaccine used has been approved by the world I Icalih organizatlon 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-aminslralion 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