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: SYED MD Sex: MALE Serial No: NAFIUL Sumarre 011 01 PP/CDC: C10/10693 Date of Birth: 1998 4th Engineer Rank Vessel: EA Blue Nile Route: world wide General Cargo Kaligham Vill + Post : Thana! Manda Dist: Naggaon Company Name: BSM Medical History Please answer the following to the best of your knowledge. Candidate Examiner Examiner Is there any past / present history of any of Declaration Record Declaration Record the following Yes No No/ Yes No Yes No evere one-sided headaches (Migraine) Hernia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Asthama / Bronchitis / Tuberculosis Fits / Epilepsy / Dizziness / Fainting Eye / Vision Problems (Glasses, etc. Allergy / Skin disease Infection / Contagious Disease Hearing Impairment Addiction to alcohol / drugs / tobacco Fracture / Dislocation / Injury / Amputation Ear / Nose / Throat problems Stomach / Bowel disorders Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease Diabetes Piles / Varicose veins Nervous / Mental disease / Sleep disorder Blood Disorder Mallignant disease (Cancer) Female Disorder Signed off on medical grounds / Declared Unfit Notes Medical Examination Pulse--Beats / mjn ure in mm of Hg 43-41 120 mm/ 18 8 195 Glam and 1000 2000 3000 Field of Vision Distant Vision Corrected Audiometry 4000 | 5000 | 6000 | 8000 Right Eye dB Right Ear w Left Eye Abnormal nu Left Far Right Ear Ishihara Norma Left ear Abnormal Colour Vision Hearing Other Normal Abnormal Systemic Examination Abnormal Notes Normal. Normal Abnormal Head & Neck Respiratory system Eyes FIT FOR SEA SERVICE Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS USTO ENGR Genito-urinary system Musculo-Skeletal system Others AS PER MLC 2006 Nervous system Hernia / Hydrocoele Reflexes nhanced GARD Medicals done Varicose Veins Fissure/Fistula/Piles Investigations Blood Result Normal Urine 14-16 gm % Hemoglobin Colour show gm% Total WBC count 4000-11000 / cu.mm Specific Gravity cu.mm Neu 64 Malarial parasite Eos O B B VO + Fac mm / 1st hour Ba 00 % MO 02 pH 0000 lour |1--15 mm / hr NI Albumin Sugar NI U/L 9-43 U / L Bile pigment S.Cholesterol 145--260 mg / dl V/E mg/dl Bile salts S.Triglycerides /Emg/dl upto 200 mg/dl Occult blood Blood Sugar PPBS upto 125 mg % RBC cells NI HbsAq Leucocytes HIV I & II VDRI Spirometry: Others GGTP U/L Blood Group Drugs of ECG: John TMT: Abuse: HOSPITALS X-Ray Chest: USG: Nonm Result of Medical Examination On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby dec Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks / Cestify that all locarmation required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is ipcorporated in this Certificate 0 6 MAY 2025 This certificate is valid till: Candidate's Signature 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 N 7 MAY 2023 Date:

Department

Radical Hospitals Limited



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid	dle) <u>T</u> SLAI	M SYED MD	NAFIUL	Gender: Male/Eemale*
Date of Birth: (Day/month/year) 01 · 01 · 1998	Nationality:	BANGLADESHI	Place of Birth: NAO (\text{NO1}	N

Declaration of the recognized medical practitioner:

0		Yes No
1	Identification documents were checked at the point of examination?	I the
2	Hearing meets the standards in STCW Code Section A-I/9?	1. irine
3	Unaided hearing satisfactory?	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	1
5	Colour vision meets the standards in STCW Code Section A-I/9?	1
	Date of last colour vision test: 0 7 MAY 2023	
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	1:07
8	No limitations or restrictions on fitness?	
	If "no" specify limitations or restrictions	1.07
9	Date of examination: (day/month/year) 0 7 MAY 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18 0 6 MAY 2025	

0 7 MAY 2023

Date

Signature of Authorised Medical Practitioner 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

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

Signature of Seafarer

delete as appropriate

SEAFARER MEDICAL CERTIFICATE - March 2020



04.2023.3903



MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) I3Lf (BLOCK CAPITALS)	AM SYED MD NA	FIUL	Gender: Male/Female*
Date of Birth: day/month/year	Place of Birth: N A 0 6 A D N	Nationality: @ A N G L	ADES HI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EF 0831.524	Dept: Deck / Engine / Cate Rank: 4th Engineer		Type of ship: General Cargo
Home Address: VILLAPOST: KALIGRAM Thoma: MANDA Dist: NADGADN	Routine and emergency d	uties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

1518	Yes	No		Yes	No
Eye/vision problem		-	18. Sleep problem		-
2. High blood pressure		-	19. Do you smoke, use alcohol or drugs?		_
Heart/vascular disease		-	20. Operation/surgery		-
4. Heart Surgery			21. Epilesy/seizures		Ų
Varicose veins/piles		_	22. Dizziness/fainting		
6. Asthma/bronchitis		-	23. Loss of consciousness		-
7. Blood disorder		_	24. Psychiatric problems		
8. Diabetes		_	25. Depression		
9. Thyroid problem		_	26. Attempted suicide		
10. Digestive disorder		_	27. Loss of memory	-	100
11. Kidney problem		_	28. Balance problem		
12. Skin Problem		_	29. Severe headaches		0
13. Allergies			30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases		_	31. Restricted mobility		
15. Hernia		1	32. Back or joint problem		
16. Genital disorder		_	33. Amputation		Tes
17. Pregnancy	N	11	34. Fracture/dislocations		

If you answer "yes" to any of the above questions, please provide details:



^{*}For identity verification purpose

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		1
36. Have you ever been hospitalized?		-
37. Have you ever been declared unfit for sea duty?		-
38. Has your medical certificate even been restricted or revoked?		7.5
39. Are you aware that you have any medical problems, diseases or illnesses?		5
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	/	
41. Are you allergic to any medication?		-
42. Are you using any non-prescription or prescription medication?		-

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

0 7 MAY 2023

Date

Signature of Seafarer

MIR. MD. RAIHAN
MBBS (DU), DPM. CCD (Birdem), PGT (Ophth)
BMDC A.55144, MMC-BGD-016
DG Shipping Bangladesh Approved

DG Shipping Bangladesh Approved
General Physician.
Name and Signature of Witnessed.

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MIP DOD RAINON.

0 7 MAY 2023

Date

Signature of Seafarer

MBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Witness



Part B - Result of medical examinations Eyesight Use of glasses or contact lenses No Purpose Yes Type Visual Acuity Aided Unaided Binocular Left eye Right eye Left eye Binocular Right eye 616 Distant Distant Near Near Visual fields Defective Normal Right eye Left eye Colour Vision (please tick) **Mormal** Doubtful Defective Not tested Hearing Pure tone and audiometry (threshold values in dB) 2,000 Hz 3,000 Hz 1,000 Hz 500 Hz 20 20 20 Right ear 20 a 20 Left ear Speech and whisper test (metres) Whisper Normal Right ear Left ear Clinical Findings Weight > (kg) (cm) Height Rhythm (per minute) Pulse rate Diastolic (mm Hg) Blood Pressure Systolic (mm Hg) Urinalysis: Glucose: Nt Protein: NI Blood: Abnormal Normal Head Sinus, nose, throat Mouth/teeth

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		And the second s
Eye movement		
Lungs and chest		per l
Breast examination	NA	
Heart	1	
Skin		
Varicose Vein		
Vascular (inc. pedal pulse)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		<u> </u>
G-U system		
Upper and lower extremities		
Spine (C/s, T/S, L/S)		
Neurologic (full/brief)		
Psychiatric Psychiatric		
General appearance		
Concrar appearance		
t a		
Chest X-ray		0 P. MAY 0000
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	^	0 7 MAY 2023
Not performed	Perform	ned on (day/month/year):
	_	Normal chest Kry
	Results	NUME
•		
Other diagnostic test(s) and r	esult(s):	/
	>. 	- " Normal
Test Bloodford	.b.x	Results: // 67777/LCC
2		to fit and with reasons for any limitations
Medical practitioner's comme	nts and asses	ssment of fitness, with reasons for any limitations.
	FOR MITY	ON BOARD SHIP
	FIL FUR DUTT	ON 251
Assessment of fitness for se	rvice at sea	(please tick)
On the basis of the seafarer's	ersonal decla	aration, my clinical examination and diagnostic test
results recorded above, I decla	re the seatare	er medically:
		as lookout duty
Fit for look out duty	Unit to	or lookout duty
	□ Visual	aid not required
Visual aid required	Visual	ald not required
In I Facino	Catorir	na Other
Deck Engine	Caterir	
Service Service	1 3011/1/1/	S ST. TOSE VICE
	Jervice	- A HOSPITA/
Fit	Service	ical Hospitalo
Fit Unfit	Service 1*	CA HOSPITALE
	Service (**)	As Per-MLG-2006 As Page 4 of Sa

Without res	trictions With re	estrictions	
Description of	restrictions (e.g. specific po	sition, type of ship, trading area etc.)	-
0 7 MAY 2023	Fruit -	DR. MIR. MD. RAIHAN MBSS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	*
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence r	iumber, address





Id No : 0206

Patient's Name: SYED MD NAFIUL ISLAM

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 10693

Date: 07-May-2023

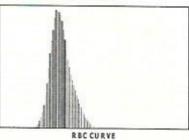
D.Date: 07-May-2023

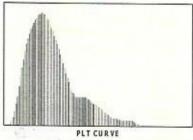
Age: 25Y 4M 6D

Gender: Male

Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	13.6 gm/dl 10 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	6,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)		7,000 10,000,0011111	
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %	alli
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 % wsc	CU
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	122 /cumm	50-450/cumm	
Total RBC Count	4.80 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	37.1 %	M: 40-54%, F:37-47%	
MCV	77.3 fL	76 - 94 fL	
MCH	28.3 pg	27 - 32 pg	
MCHC	36.7 g/dL	29 - 34 g/dL RBC	CUI
RDW	13.0 %	11 - 16 %	
PDW	15.6 fL	35 - 56 fl	
Total Platelete Count (PC)	1,90,000 /cumm	150,000-450,000/cumm	
MPV	9.1 fL	7.0 - 11.0 fL	
PCT	0.173 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	Ille





Checked By Medical Technologist

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050206	Received Date	07/05/2023
Patient's Name	SYED MD NAFIUL ISLAM	THE SERVICE DATE	0170072020
Patient's Age	25Y 4M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)),PGT(Eye),DFM	CDC NO: C/O/10693
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 Serum AST (SGOT)	182 U/L 22 U/L	98 - 279 U/L Up to 37 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. Sumai (a Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23050206	Received Date	07/05/2023
Patient's Name	SYED MD NAFIUL ISLAM	Transfer Date	01700/2020
Patient's Age	25Y 4M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/10693
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL	Non-reactive

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

TEST NAME

PHENOLS CRESOLS

Bill No	DIA23050206	Received Date	07/05/2023
Patient's Name	SYED MD NAFIUL ISLAM		10.100.2020
Patient's Age	25Y 4M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	DEM),PGT(Eye),DFM	CDC NO: C/O/10693
Sample	BLOOD		

RESULTS

NORMAL

CHEMICAL TEST

CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL

Checked By

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

RADICAL HOSPITAL

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Bill No	DIA23050206	Received Date	07/05/2023
Patient's Name	SYED MD NAFIUL ISLAM		01100/2020
Patient's Age	25Y 4M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD)(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/10693
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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 Technologis Radical Hospitals Ltd. Dr. Sumaiva Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Test Name



Bill No	DIA23050206	Received Date	07/05/2023
Patient's Name	SYED MD NAFIUL ISLAM	Trocolved Date	0770372023
Patient's Age	25Y 4M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRI	DEM),PGT(Eye),DFM	CDC NO: C/O/10693
Sample	URINE		

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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



AUDIOLOGICAL REPORT

Patient Name : SYED MD NAFIUL ISLAM

07/05/2023

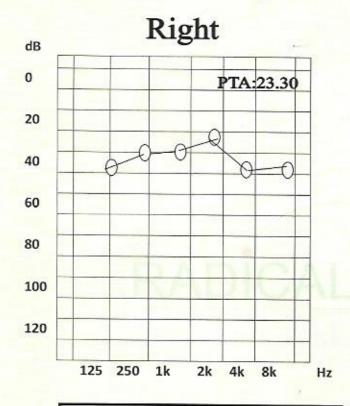
Age

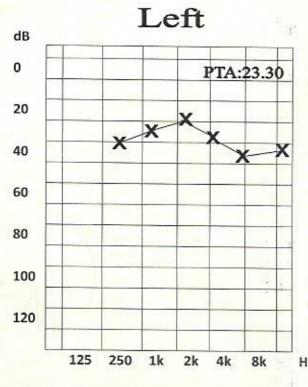
: 25 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear

Air Unmasking OX

Bone Unmasking

Right Ear Left Ear

Air MaskingOX

Bone Masking $\Delta\Delta$

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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



Date: 07/05/2023

EYE EXAMINATION REPORT

NAME:	SYED MD NAFIUL ISLAM		
AGE:	25 YRS	RANK: 4 TH ENG	CDC NO:C/O/10693

VISUAL ACUITY:

RIGHT

LEFT

616

UNAIDED

6/6

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23050206

Receive:07/05/2023

Print: 07/05/2023

Patient's Name

SYED MD NAFIUL ISLAM

Age

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

This is to certify that JE Soussigne' (e) certifie que		01 /01/1998Sex MALE
Whose signature follows dont la signature suit	Age	
has on the Date indicated been va a e'te' vaccine (e) ar revaccine' (e)	accinated or revaccinated ag) contre le fievre jaune a la d	ainst cholera latc indiquee.
Signature and	professional	Accessed Ob

Approved Stamp Date Status of Vaccinator Cechet Signature et qualite professd'authentification sionelle vaccinateur CHOI FRA "DUKORAL" Valid Upto 2 yrs DR. MIR. MD. RAIHAN MABS (DL), DFM, CCD (Birdem), PGT (Ophth) Avenue Uttern, Dhaka BMDC A-55144, MMC-BGD-016 2 **OG Shipping Bandladesh Approved** General Physician Redical Hospitals Limite 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.

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 performed.

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 period de six mois commencent six Jours a prea is première 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 dottfalre 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 1 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

date of birth I

no (e) le

SYED MD NAFIUL ISLAM

This is to certify that

JE Soussigne' (e) certifie que

Whose signature follows don't la signature suit

Date 100	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' re du lot	Official sump of vaccinating centre Cachet official du centre de vaccinatio
1	MIR MD. RAIHAN	FEVER LE	SFOR VACCON
BMD DG S	MTP. CCD (Bridem), PGT (Ophth) 201, DPM, CCD (Bridem), PGT (Ophth) C A-55144, MMC-BGD-016 hipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	DAKAR	35, Sheh Methdam Avenue Witner, Chake
	Radical Postilitais		MINGLADEST
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 santo" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'oe centre est siture;

La validité de ce certilicat couvrc une periodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination u ou, a citto lie, iio, i. a" dix ans. lejour de cetto revaccination.

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

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