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.

Ear / Nose / Throat problems Stomach / Bowel disorders Gall stones / Kidney disorders Gall stones / Kidney disorders Jaundice / Liver Disease Piles / Vancose veins Blood Disorder Pierate Disorder Blood	Т	EL: +	-8802	7920	116, +	-88 0	1955	5670	000.	EMAIL: ra	dical	_h	ospit	als@	yah	00.00	m		
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S.Cholesterol mg/dl 145-260 mg / dl Bile salts S.Tinglycarides mg/dl upto 200 mg / dl Occult blood Blood Sugar RBS PPBS upto 125 mg % RBC cells His Ag HIV 1 is II Upto 125 mg % RBC cells Others Blood Group ECG: Spirometry: Spirometry: Spirometry: Programment of the 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, Dorton's Mauric Dis MIR MD. Patrick certify that all informations under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate This certificate is valid till: Candidate's Signature Cifal Arcasis. Official Stamp Doctor's signature:	447274411		05					/ hr		The same of the sa		4		-		- 3	1	180	F-
Blood Sugar RBS PPBS Upto 125 mg % RBC cells Leucocytes HIV 1 & II Others Blood Group TMT: Spirometry: Pradical FADCAL FAD				m	g/dl	145	5260 mg	W. A. C.		Bile salts		M				1		2	3
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Others Blood Group TMT: Abuse: VSG: VS	HbsAg		1	127	120		_			Leucocytes		U	195		1/3	R MD		1	
Others Blood Group TMT: Abuse: V-Ray Chest: USG: Result of Medical Examination On the basis of the examinee's history, clinical examination and diagnostic tests, Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks / Recommendations 1, Doctor's Manue December Certify that all information gourned under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate This certificate is valid till: Candidate's Signature Official Stamp Doctor's signature:			1		2	5,	=					_		70.00			EL		1
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 Manue DR FIR MD. Returned certify that all information quired under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate This certificate is valid till: Candidate's Signature Right Arrafic, Official Stamp Doctor's signature:	Others		-		1	-		GGTP L	J/L	Spiromet	ry:/)	0	711	we	\$ H	ALVICAL SE T	E	1	別數
X-Ray Chest: USG: 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 Manue De MIR MD. Doctor's training information gouired under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate This certificate is valid till: Candidate's Signature Right Arrafic , Official Stamp Doctor's signature:		ממכ	220	//	TMT.	_	-/2	-		County County County County County	NA	200	200	ni)	Par land	510	13	a	A. Pi
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Remarks / Recommendations 1, Doctor's Manuel DR. ALR ND. Toke and certify that all informations quired under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate This certificate is valid till: Candidate's Signature Rifat Arrafia, Official Stamp Doctor's signature:													n , ne					edically	
Candidate's Signature Rifat Arrafia, Official Stamp Doctor's signature:	Recommendation	is																	
Candidate's Signature Rifat Arrafia, Official Stamp Doctor's signature:	This certificate	is valid	till:	certify th	98 199	CTTZO	25 ^{quired}	under A	nnexure	E&Fof M.S. (M	ledical Ex	amin	ation) R	ules 2000) is inc	orporateo	in this (ertificat	е
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04.2023.5015

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 EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

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SURNAME ARAFIN	GIVEN NAME(S) ND RIFAT	
DATE OF BIRTH	PLACE OF BIRTH	SEX
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DECK OFFICER ENGINEERING OFFICER	Post - Nuldanga	
RADIO OFFICER		
RATING	P.S -> Sadulla pure Dist -> Craiband ha	
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ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	D VISION STANDARD? YES NO	
HEAD AND NECK	HEART (CARDIOVASCULAR)	
Womme	NOT	made
LUNGS	SPEECH (DECK/NAVIGATIONAL OFF	ICER AND RADIO OFFICER)
Nonmal	Is speech unimpaired for normal voice	
EXTREMITIES:	Non	nol
UPPER NOTETIAL	LOWER / VOIQ	mac
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMEND	DATIONS? YES NO	
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOA	ard? Yes No	M/HER UNFIT FOR SERVICE AT
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDI		
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THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION)
IFIT FOR DUTY	ON BOARD SHIP NAME OF APPLICANT (SUI	
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DIS		UNV:
SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY A		
RADIO OFFICER / RATING / CHIEF COOK / CO	OK WITHOUT ANY RESTRICTIONS / WITH	THE FOLLOWING
RESTRICTIONS.		
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIL	IAN MBBS, DFM	
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH M	AKHDUM AVENUE SECTOR-12, UTTARA, DH	AKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	OG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MA	Y 2014	
SIGNATURE OF PHYSICIAN		19 OCT 2023
This certificate is issued by authority of the Maritime Administrator and in	compliance with the requirements of the International Com-	DATE vention on Standards of Training
	somplimente with the requirements of the international Con-	

Certification and Watchkeeping for Scafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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.



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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:

- Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Evesight
 - 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards I or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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.
- Vaccinations (f)
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- Diseases or Conditions (2)
 - 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.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M 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 right 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 an equivalent form. (See RMI MG 7-47-1, §3.3).

19 OCT 2023

Rev. Mar/2022



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 : 0723

Date: 19-Oct-2023

D.Date: 19-Oct-2023

Patient's Name: MD RIFAT ARIFIN

Age: 31Y 1M 0D

Gender: Male

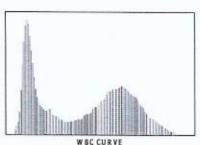
Specimen : Blood

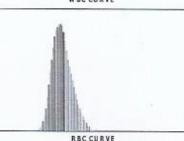
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9270

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 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)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		, , , , , , , , , , , , , , , , , , , ,
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	148 /cumm	50-450/cumm
Total RBC Count	5.62 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	44.2 %	M: 40-54%, F:37-47%
MCV	78.6 fL	76 - 94 fL
MCH	27.8 pg	27 - 32 pg
MCHC	35.3 g/dL	29 - 34 g/dL
RDW	13.9 %	11 - 16 %
PDW	16.6 fL	35 - 56 fl
Total Platelete Count (PC)	3,41,000 /cumm	150,000-450,000/cumm
MPV	8.6 fL	7.0 - 11.0 fL
PCT	0.293 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %





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_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100723	Received Date	19/10/2023
Patient's Name	MD RIFAT ARIFIN		
Patient's Age	31Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO: C/O/9270
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

Result

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100723	Received Date	19/10/2023
Patient's Name	MD RIFAT ARIFIN	-/	
Patient's Age	31Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	//),PGT(Eye),DFM	CDC NO: C/O/9270
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATION CASTS / 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 Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



Test Name



Bill No	DIA23100723	Received Date	19/10/2023
Patient's Name	MD RIFAT ARIFIN		
Patient's Age	31Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/9270
Sample	URINE	A STATE OF THE STA	2007 A MODE N 14 Observat special and a second spec

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 Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100723 Receive: Print: 19/10/2023

Patient's Name : MD RIFAT ARIFIN

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 88 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

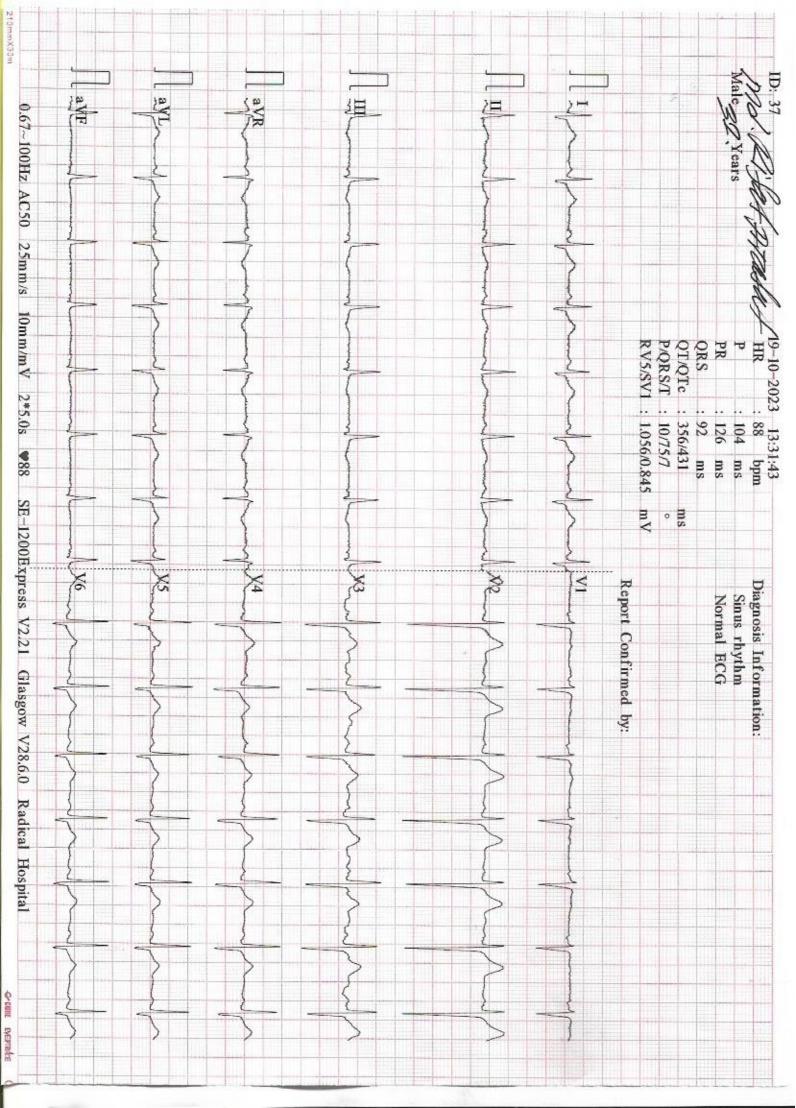
Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100723 Receive:19/10/2023 Print: 19/10/2023

Patient's Name : MD RIFAT ARIFIN

Age : 31 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

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

MD.RIFAT ARAFIN

This is	s to certify that date of birth ussigne' (e) certifie que no' (e) le	04/01/1998 Sex MALE
	e signature follows Rifat Arabia.	• ************************************
has or a e'te'	n the Date indicated been vaccinated or revaccinate vaccine (e) ar revaccine' (e) contre le fievre jaune a	ed against cholera a ia date indiquee.
Date	Signature and professional Stahtus of Vaccipater Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1956	DG Shipping Bangladesh Approved	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
1.1	AFOR	YACCIN
SOLIE	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
The	General Physician validity of tifkediget interest each of the period of	two years, beginning six days after the first

The validity of the diset flose it less than the 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, tins certificate shull 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 is invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une rovaccination 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 dorrlaire mention de deux injections partiquees a sent jours d'intervaile et sa validite cofilmenge lejour de la seconde micction

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

Toute correction ou rabfe sur le certificate ou 1 o. mission d'une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MD. RIEAT BRAFIN

	This is to certify that JE Soussigne' (e) certifie que 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 ONE	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
500	1	MIR MD RAIHAN	FEVER	REPOR VACCING
	BMD(Dg) Sh	IU), DFM, CCD (Birdem), PGT (Ophth) C A-55144, MMC-BGD-016 ipp.ng Bangtadesh Approved General Physician adicst Hospitals Limited.	DAKAR SE	35, Shigh Malchdum Avenate Uttara, Dhokii
	3			
	4			

This certificate is valid only if the vaccina used has been approved by the world I lcalih 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 santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certificat couvrc une pe'riodo de dix ans comencant dix joursaoros la date de,la vaccination ou, dans le cas dune relaccination,u.ou., a.-citto lie,lio,i a" dix ans, lejour de centto revaccination.

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