



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No : A55144

PATIENT CONTROL NUMBER:
HS6557FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME SHAMIM	FIRST NAME AND MOHAMMAD	MIDDLE NAME GOLAM KIBRIA
PLACE AND DATE OF BIRTH CUMILLA 27-Jun-1989	PASSPORT NUMBER A00215256	SEAMAN'S BOOK NUMBER CO6557
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : RAGHUNATHPUR, MEGHNA, CHANDANPUR-3515, CUMILLA, BANGLADESH		CONTACT NUMBER : 01842908837(SELF)
		RANK : 2ND OFFICER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	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	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 80 kg	Height (cm) 176	BMI 25.7	Blood Pressure: Systolic 110 mm Diastolic 80 mm	PULSE 78 bpm	
Ear Hearing by Audiometry					
Right	☐ Adequate ☐ Inadequate	Audiometry			
Left	☐ Adequate ☐ Inadequate	500	1000	2000	3000
		☒ Adequate ☐ Inadequate			
		☒ Adequate ☐ Inadequate			
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 03 OCT 2023

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS					
Chest X-Ray	<u>N/A</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	<u>N/A</u>	BILIRUBIN	Alcohol Test	☐ Positive	☐ Negative
BLOOD R/E	<u>N/A</u>	SGPT	URINE R/E	<u>N/A</u>	
DC (differential count)	<u>N/A</u>	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	<u>14.2</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>05</u>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>8.700</u>	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	<u>O+(VE)</u>
RANDOM	<u>5.4</u>	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	<u>N/A</u>
HBA1C	<u>5.4%</u>	Cocaine	☐ Positive ☐ Negative	Others (KUB Ultrasound)	<u>N/A</u>

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

<u><i>Signature</i></u>	MOHAMMAD GOLAM KIBRIA SHAMIM	03 OCT 2023
Signature of Seafarer	Name of Seafarer	Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties		☐ Not fit for lookout duties		
	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐
☒ Without restrictions		☐ With restrictions		

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒	No ☐
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Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 03 OCT 2023	Valid Until: 02 OCT 2025
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Name and Signature of Authorized Physician

DR. MIP. MD. RAHAN
MBBS (DU), DPM, CCD (Biom), PGT (Ophth),
BMDC A-55144, MMC-BSD-016

In Accordance with Medical Examination (Seafarers) Convention 1945 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT SHAMIM			FIRST NAME MOHAMMAD			MIDDLE INITIAL GOLAM KIBRIA		
DATE OF BIRTH 6 27 1989 MONTH DAY YEAR			PLACE OF BIRTH CUMILLA BANGLADESH CITY COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT		
MASTER ☐		RATING ☐		HOUSE-89, FLAT-C5, ONNESHA BHABAN				
MATE ☒		MOU DECK ☐		SHAHEED TITUMIR ROAD, SOUTH DONIA, DHAKA				
ENGINEER ☐		MOU ENGINE ☐		BANGLADESH.				
RADIO OFF ☐		SUPERNUMERARY ☐						
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT 175cm	WEIGHT 85kg	BLOOD PRESSURE 120/80mm	PULSE 78b/min	RESPIRATION 16b/min	GENERAL APPEARANCE Good			
VISION:		RIGHT EYE		LEFT EYE				
WITHOUT GLASSES		6/6		6/6				
WITH GLASSES								
DATE OF LAST COLOR VISION TEST (Month/Day/Year)				03 OCT 2023 Testing Required every 6 years				
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?				YES ☐ NO ☒				
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TEST IS NORMAL				YELLOW ☐ RED ☐ GREEN ☒ BLUE ☐				
HEARING		RT EAR		LEFT EAR				
		Normal		Normal				
HEAD AND NECK		Normal		HEART (CARDIOVASCULAR)		Normal		
LUNGS		Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?				
EXTREMITIES:		UPPER		LOWER				
		Normal		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			DATE OF EXAM			EXPIRY DATE		
			03 OCT 2023			02 OCT 2025		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:						MOHAMMAD GOLAM KIBRIA SHAMIM		
						(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).								
NAME AND DEGREE OF PHYSICIAN			DR. MIR MD, RAIHAN; M.B.B.S (D.U), REG.NO.A-55144					
ADDRESS			REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, B					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY			DG SHIPPING, BANGLADESH					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			6-May-14					
SIGNATURE OF PHYSICIAN			DATE OF EXAMINATION:			03 OCT 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), DPM, CCD (Birdem), 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.
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.
- (b) 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (g) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.
- (h)

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinylis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

RLM-105M (REV. 12/17)

03 OCT 2023



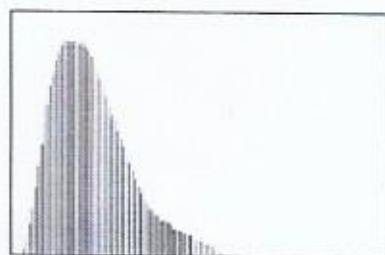
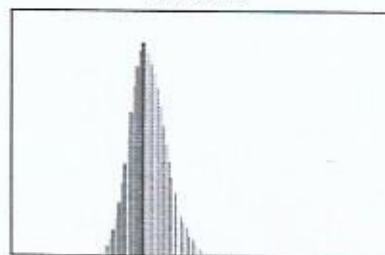
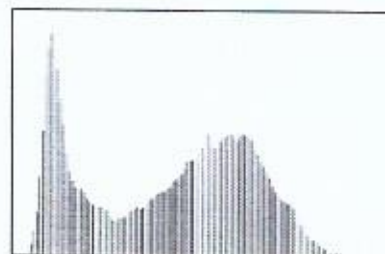

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 104 **Date** : 03-Oct-2023 **D.Date** : 03-Oct-2023
Patient's Name : MOHAMMAD GOLAM KIBRIA SHAMIM **Age** : 33Y 10M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O/6557

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	71 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	24 %	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 Cr. Eosinophils	164 /cumm	50-450/cumm
Total RBC Count	4.73 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.9 %	M: 40-54%, F:37-47%
MCV	84.4 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	35.6 g/dL	29 - 34 g/dL
RDW	11.6 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,81,000 /cumm	150,000-450,000/cumm
MPV	7.7 fL	7.0 - 11.0 fL
PCT	0.216 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
 Medical Technologist

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

Bill No	DIA23100104	Received Date	03/10/2023
Patient's Name	MOHAMMAD GOLAM KIBRIA SHAMIM		
Patient's Age	33Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6557
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

[Signature]

Medical Technologis
Radical Hospitals Ltd.

[Signature]
Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23100104	Received Date	03/10/2023
Patient's Name	MOHAMMAD GOLAM KIBRIA SHAMIM		
Patient's Age	33Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6557
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

Checked By



Medical Technologist
Radical Hospitals Ltd.

d

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

Bill No	DIA23100104	Received Date	03/10/2023
Patient's Name	MOHAMMAD GOLAM KIBRIA SHAMIM		
Patient's Age	33Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6557
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

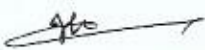
CHEMICAL EXAMINATIONCASTS / LPF

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

REF: WAKAYAMA MARU

DATE: 03/10/2023

M/S. HAQUE & SONS LTD.
 RUMMANA HAQUE TOWER
 1267/A, GOSHAIL DANGA
 AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MOHAMMAD GOLAM KIBRIA SHAMIM

RANK: 2ND OFF

CDC NO: C/O/6557

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

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

ID: 23091389

03-10-2023 18:36:32

Makammas Adam John

Male 33 Years

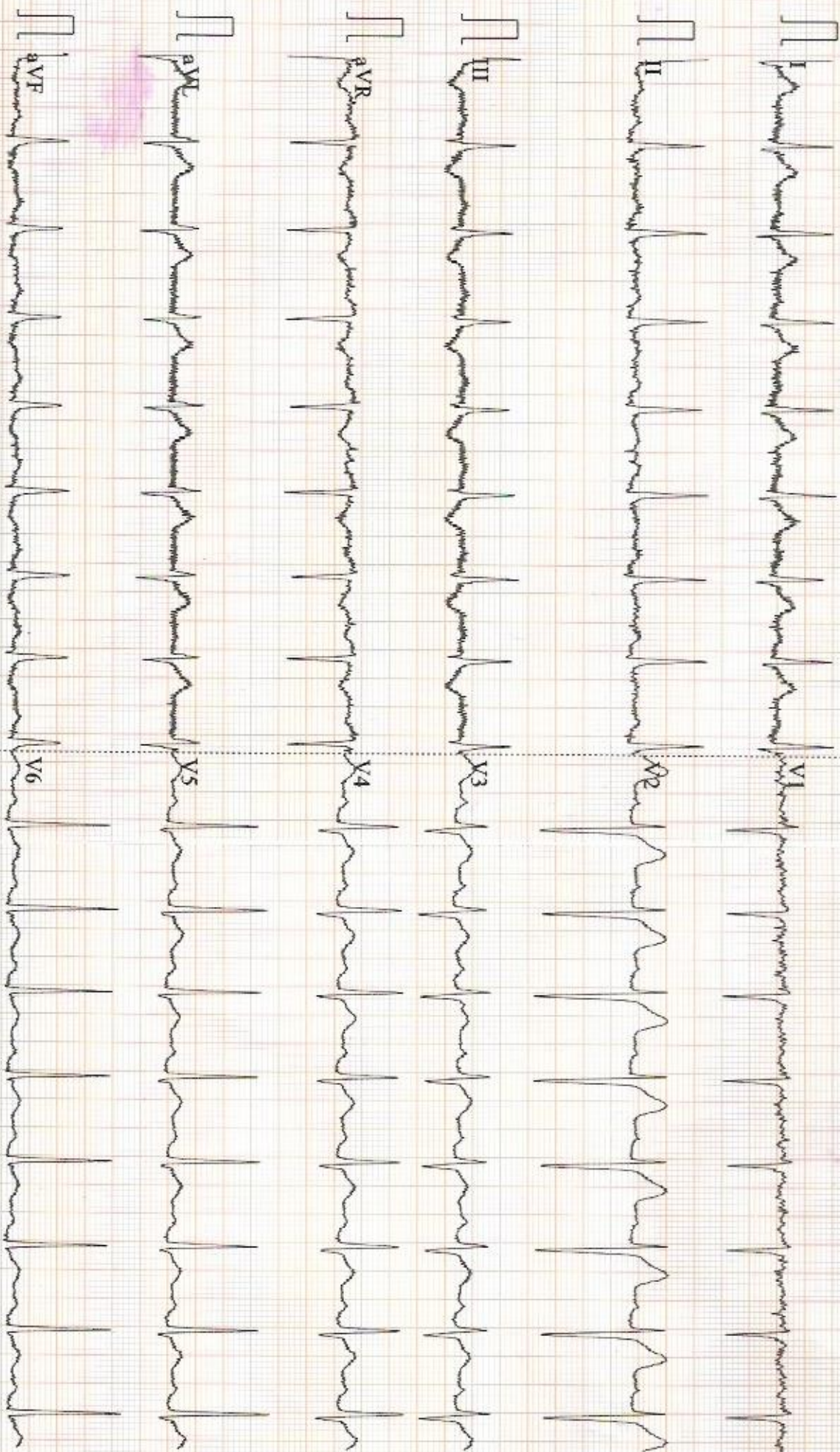
Shannon

HR	: 98	bpm
P	: 118	ms
PR	: 182	ms
QRS	: 94	ms
QT/QTc	: 330/422	ms
P/QRS/T	: 45/57/-12	°
RV5/SV1	: 1.67/1.035	mV

Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100104 Receive: 03/10/2023 Print: 03/10/2023
Patient's Name : MOHAMMAD GOLAM KIBRIA SHAMIM
Age : 33 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

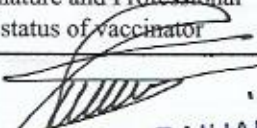
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 27-JUN-1989 Sex MALE

MOHAMMAD GOLAM KIBRIA SHAMIM (C/O/6537)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
03 OCT 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.		
1			
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

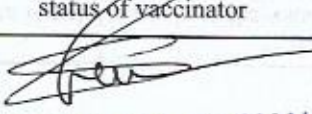
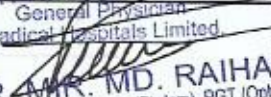
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 27-JUN-1989 Sex MALE

MOHAMMAD GOLAM KIBRIA SHAMIM

has on the date indicated been vaccinated or revaccinated against Cholera (C/0/6552)

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 02 DEC 2021	 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		
2 03 OCT 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		
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso