



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER:
HST28926

MEDICAL EXAMINATION CERTIFICATE

SURNAME KABIR		FIRST NAME AND MOHAMMAD		MIDDLE NAME JAHANGIR	
PLACE AND DATE OF BIRTH CHANDPUR 1-Sep-1969		PASSPORT NUMBER EG0297195		SEAMAN'S BOOK NUMBER T28926	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : CHOW MUKHA, WARD NO.06, KARAITALI, FARIDGANJ, CHANDPUR, BANGLADESHI				CONTACT NUMBER : 008801712-570313	
				RANK : CHIEF COOK	

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

Question	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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight 85 kg	Height (cm) 172	BM 28.7	Blood Pressure: Systolic 120 mm Diastolic 80 mm	PULSE: 78 bpm
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Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test	
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate	☐ Inadequate	<i>[Signature]</i>			
			☒ 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

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 31 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>11/10</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	<u>11/10</u>	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		<u>11/10</u>
DC(differential count)	<u>11/10</u>	SGOT			
HAEMOGLOBIN (HGB)	<u>13.7</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>08</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>8.200</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>B+(VE)</u>
RANDOM	<u>5.4</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>11/10</u>
HBA1C	<u>8.2%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	<u>11/10</u>

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

31 OCT 2023

Signature of Seafarer

MOHAMMAD JAHANGIR KABIR

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	☐

No	☐
Yes	☒

Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date:

31 OCT 2023

Valid Until:

30 OCT 2025

DR. MIR MD. RAIHAN

Name and Signature of the Medical Examiner (Physician)

BMDC A-55144, MMC-BGB-616

Seafarer's Declaration (No. 78) and STCW 1978/1996 as Amended, MLC 2006

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination (Seafarer's Declaration (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 KABIR			FIRST NAME MOHAMMAD		MIDDLE INITIAL JAHANGIR
DATE OF BIRTH 9 MONTH 1 DAY 1969 YEAR			PLACE OF BIRTH CHANDPUR BANGLADESH CITY COUNTRY		SEX MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☒ MATE ☐ MOU DECK ☐ ENGINEER ☐ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐			MAILING ADDRESS OF APPLICANT: CHOW MUKHA, WARD NO.06, KARAITALI, FARIDGANJ, CHANDPUR, BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2					
HEIGHT <u>172m</u>	WEIGHT <u>85kg</u>	BLOOD PRESSURE <u>120/80mmHg</u>	PULSE <u>78b/min</u>	RESPIRATION <u>16b/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES WITH GLASSES <u>6/6</u> <u>6/6</u> DATE OF LAST COLOR VISION TEST (Month/Day/Year) <u>31 OCT 2023</u> 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 <u>NRR</u> LEFT EAR <u>NRR</u>					
HEAD AND NECK <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>		
LUNGS <u>Normal</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>		
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>					
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. <u>No.</u>					
SIGNATURE OF APPLICANT <u>X Kabir</u>		DATE OF EXAM <u>31 OCT 2023</u>		EXPIRY DATE <u>30 OCT 2025</u>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>MOHAMMAD JAHANGIR KABIR</u> FIT FOR DUTY ON BOARD SHIP (NAME OF APPLICANT)					
(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 <u>DR. MIR MD, RAIHAN ; M.B.B.S (D.U), REG.NO.A-55144</u>					
ADDRESS <u>REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH</u>					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>DG SHIPPING, BANGLADESH</u>					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>6-May-14</u>					
SIGNATURE OF PHYSICIAN <u>[Signature]</u>			DATE OF EXAMINATION: <u>31 OCT 2023</u>		

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 (Rider), PGT (Opth)
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/Navigational 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/navigational 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.

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) Urinlysis 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

31 OCT 2023

RLM-105M (REV. 12/17)



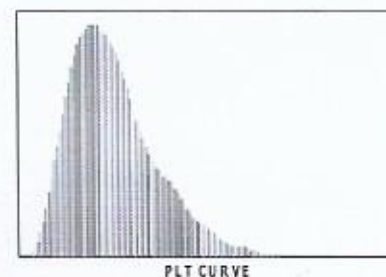
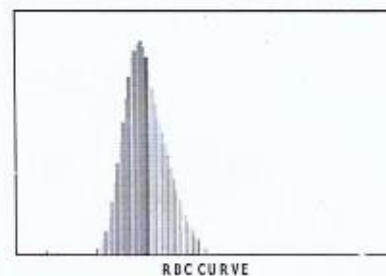

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 1107 **Date** : 31-Oct-2023 **D.Date** : 31-Oct-2023
Patient's Name : MOHAMMAD JAHANGIR KABIR **Age** : 54Y 1M 30 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM T/28926

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.7 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	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	164 /cumm	50-450/cumm
Total RBC Count	4.76 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.0 %	M: 40-54%, F:37-47%
MCV	79.8 fL	76 - 94 fL
MCH	28.8 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	14.2 %	11 - 16 %
PDW	15.9 fL	35 - 56 fL
Total Platelete Count (PC)	3,18,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.283 %	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	DIA23101107	Received Date	31/10/2023
Patient's Name	MOHAMMAD JAHANGIR KABIR		
Patient's Age	54Y 1M 30	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: T/ 28926
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)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0U/L	Up to 37 U/L
HbA1C	5.2 %	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 -

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	DIA23101107	Received Date	31/10/2023
Patient's Name	MOHAMMAD JAHANGIR KABIR		
Patient's Age	54Y 1M 30	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: T/ 28926		
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

**RADICAL
HOSPITAL**
LIMITED

Checked By

Medical Technologist,
Radical Hospitals Ltd.



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

Bill No	DIA23101107	Received Date	31/10/2023
Patient's Name	MOHAMMAD JAHANGIR KABIR		
Patient's Age	54Y 1M 30	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: T/ 28926
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	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 REQUEST CRYSTALS & 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: MV. FORTIS AUSTRALIS

DATE: 31/10/2023

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD JAHANGIR KABIR

RANK: CH.COOK

CDC NO: T/28926

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6 6/6

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: 112

31-10-2023

14:11:46

Muhammad Khan
Male 34 Years

Active

HR

: 63 bpm

P

: 102 ms

PR

: 150 ms

QRS

: 82 ms

QT/QTc

: 380/389 ms

P/QRS/T

: 30/56/13 °

RV5/SV1

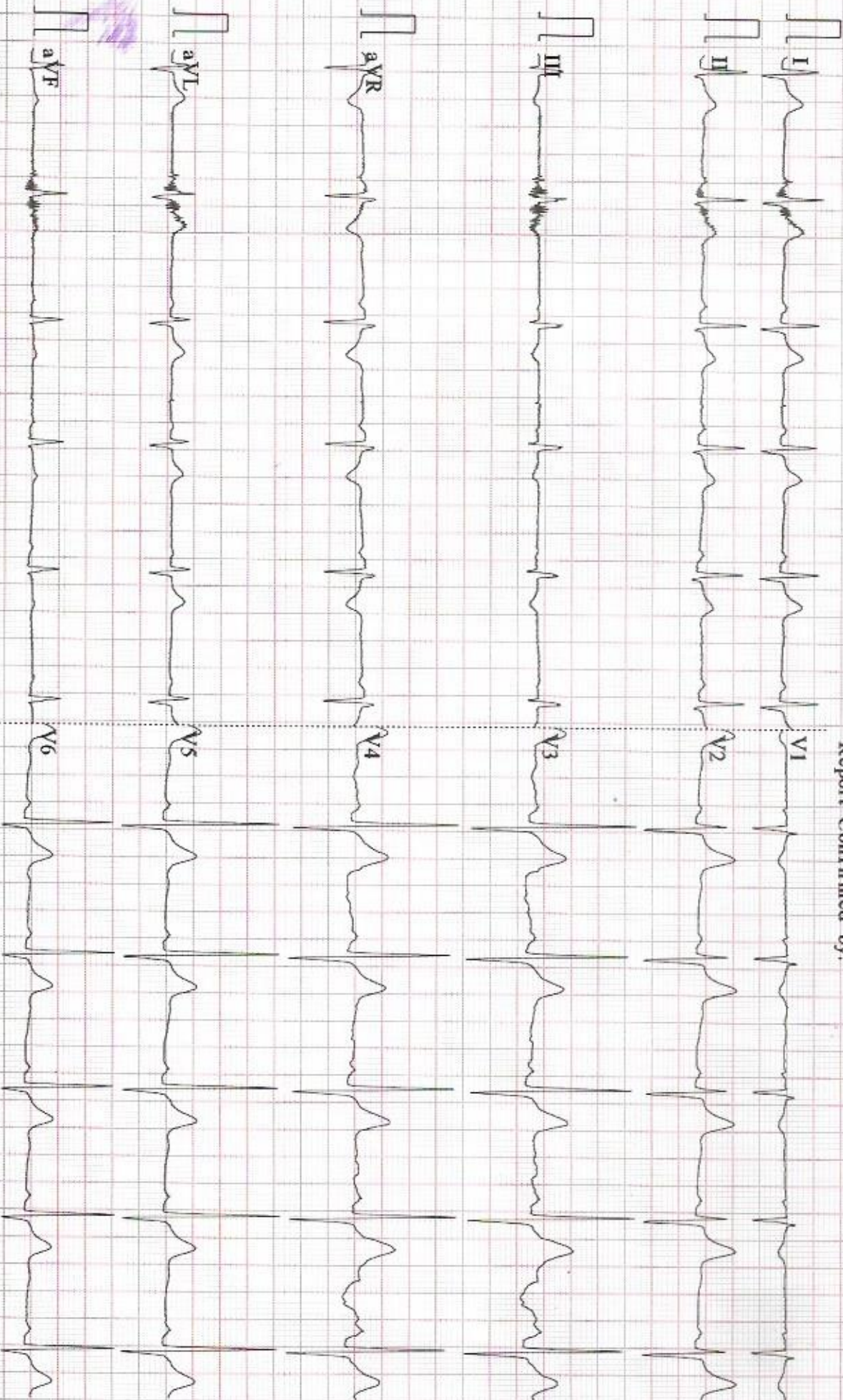
: 2.103/0.602 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s

63

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

C-1000 ECG

CE 0123

Size: 210mmX30mm

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23101107 Receive: 31/10/2023 Print: 31/10/2023
Patient's Name : **MOHAMMAD JAHANGIR KABIR**
Age : 54 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



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

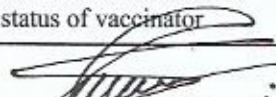
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 01-SEP-1969 Sex MALE

MOHAMMAD JAHANGIR KABIR (7/28926)

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
31 OCT 2023	 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.		
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 01-SEP-1969 Sex MALE

[Signature]

MOHAMMAD JAHANGIR KABIR (7/28926)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
31 OCT 2023	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.	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso