INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): RAHAMAN MD MAKSUDUR

Date of birth (day/month/year): 08/06/1964 Sex: ☑ male • ☐ female

Home address: PLOT NO-13, 6TH FLOOR, E-5, NOBHODOY HOUSING R/A. MOHAMMED PUR DHAKA-1207.

Passport No./Discharge Book No.: A00337277 / C/O-4632

Type of ship (container, tanker, passenger, fishing): ✓

Trade area (e.g., coastal, tropical, worldwide): ✓

Examinee's personal declaration
(Assistance should be offered by medical staff)
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	☐•	☑•

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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	☐	N/A	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 hospitalized?	☐	✓
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): 23 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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.

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 (the approved medical examiner).

Signature of examinee: _____ Date (day/month/year): 23 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

☑ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	✓
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

	Pure tone and audio metry (threshold values in dB)						Speech and whisper test (metres)		
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4

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Height: 167 (cm) Weight: 68 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regular

Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	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	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐			
Skin	✓	☐			

Chest X-ray: ☐ Not performed ✓ Performed on (day/month/year): 23 OCT 2023

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test Blood Urine *Result* Normal.

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: • ✓ Yes • ☐ No

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:

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• ☑ Fit for look-out duty • ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ • With restrictions ☐ •

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

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

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 23 / OCT / 2023

Medical certificate's date of expiration (day/month/year): 22 / OCT / 2024

Official stamp (also print name of medical examiner if not legible): 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.

Signature of medical examiner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.

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PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RAHAMAN	MD	MASUDUR

DATE OF BIRTH (MONTH / DAY / YEAR)

PLACE OF BIRTH (CITY / COUNTRY) BANGLA

SEX: MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:

MASTER	☐	RATING	☐
MATE	☐	MOU DECK	☐
ENGINEER	☑	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

MAILING ADDRESS OF APPLICANT:
PLOT-13, 6TH FLOOR, E-5, NOBO DHOY HOUSING R/A, MOHAMMED PUR DHAKA-1207.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
167cm	68kg	130/80 mm	78/min	19/min	Good

VISION: RIGHT EYE / LEFT EYE

WITHOUT GLASSES: 6/6 / 6/6

WITH GLASSES

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 23 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 Normal LEFT EAR Normal

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?**
Normal	Yes

EXTREMITIES:

UPPER Normal LOWER 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
MRahman	23 OCT 2023	22 OCT 2024

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO MR. MAKSUDUR RAHAMAN (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). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS,(DU), DFM

ADDRESS RADICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN DATE OF EXAMINATION: 23 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), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved

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.

(b) 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.

(c) 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.

(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) 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.

(f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine 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)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

23 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

Radical Hospital Ltd. As Per-MLC2006 Shipping Bangladesh Approved

Bill No	DIA23100860	Received Date	23/10/2023
Patient's Name	MD MAKSUDUR RAHAMAN		
Patient's Age	59Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4632
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100860	Received Date	23/10/2023
Patient's Name	MD MAKSUDUR RAHAMAN		
Patient's Age	59Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4632
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 Technologist.
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23100860	Receive: Print: 23/10/2023		
Patient's Name	:	**MD MAKSUDUR RAHAMAN**			
Age	:	59 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	68 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

ID: 63

Md. Mukbul Rahman

Male 59 Years

23-10-2023 11:48:17

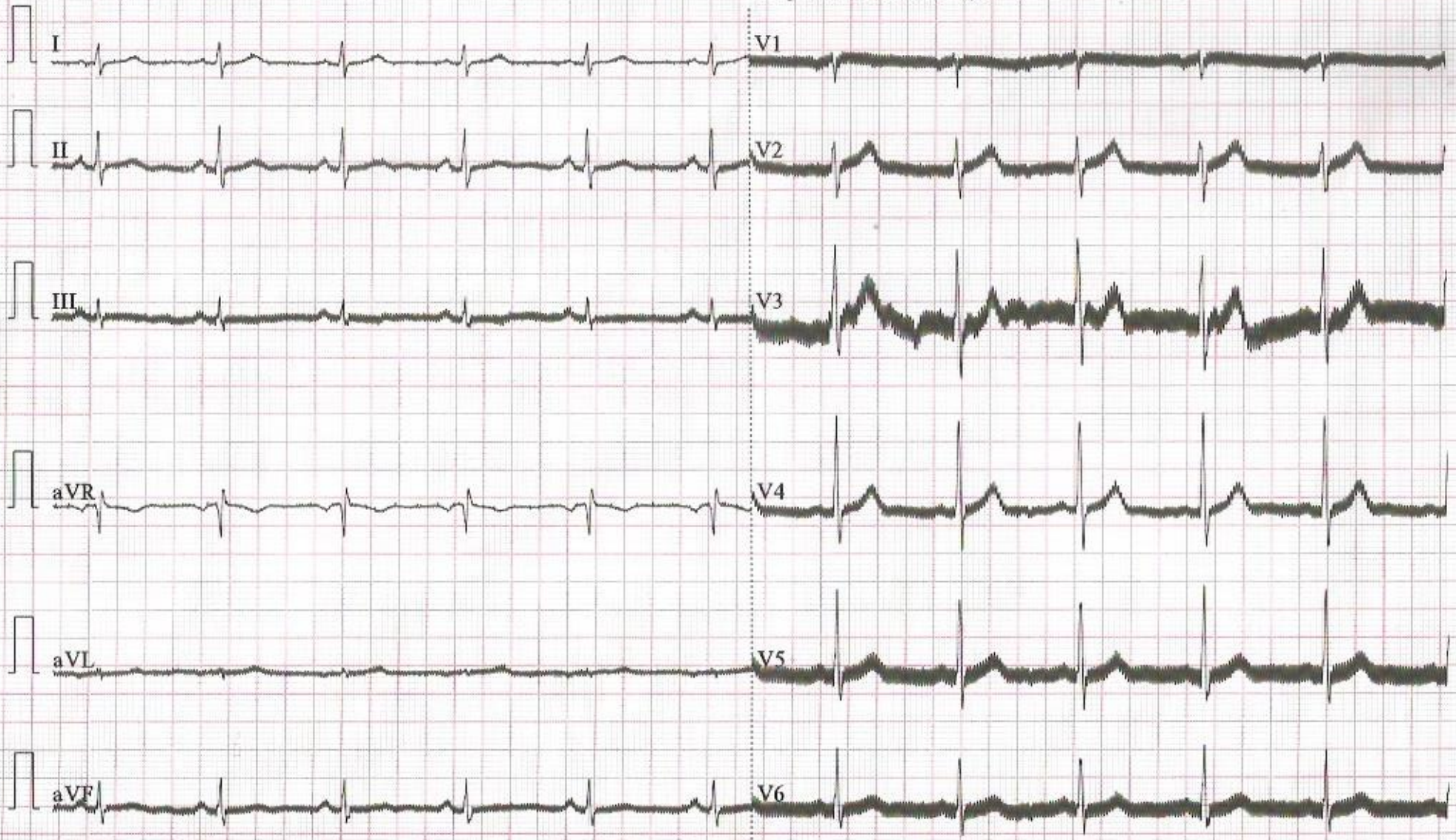
HR	: 68	bpm
P	: 108	ms
PR	: 162	ms
QRS	: 82	ms
QT/QTc	: 386/411	ms
P/QRS/T	: 66/61/36	°
RV5/SV1	: 1.383/0.434	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥68 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 23/10/2023

EYE EXAMINATION REPORT

NAME:	MD MAKSUDUR RAHAMAN		
AGE:	59 YRS	RANK: ETO	CDC NO:C/O/4632

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

IBN SINA
Pioneer in Health Care

HOUSE # 52, GARIB-E-NEWAZ, SECTOR-13, UTTARA, DHAKA-1230
Tel : 02-48954406-07, 02-48953932, 48953961, Hotline: 09610009612
E-mail: istuttara@gmail.com, Web: www.ibnsinatrust.com

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

ISO 9001:2015 Certified

TREADMILL STRESS TEST

I.D. No	: U1291076	Received date : 23 Oct 2023	Printed date: 23 Oct 2023 06:19PM	
Name of Pt.	: MD. MAKSUDUR RAHMAN		Age : 59 y(s)	Sex: Male
Exam	: ETT			
Ref. By	: RADICAL HOSPITAL LTD			

Total Exercise Time	: 09.14 Min	**Max.HR attained**	:	141	Bpm.
% of max. pred. HR	: 87 %	**Max. Pred HR**	:	161	Bpm.
Maximum BP	: 150/95 mmHg.	**Max. work load attained**	:	10.80	METS

Indication : Evaluation of IHD.

Risk Factors : None

Reason for Termination : Due to Fatigue.

Test Profile : BRUCE

Symptoms : None

Summary Result ⇒ EQUIVOCAL.

Comments:

- [MD. MAKSUDUR RAHMAN] performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- ECG at rest shows no abnormality.
- Significant ST-T changes seen in >1.0 mm but up sloping seen in leads- V5-V6 in stage-IV during exercise.

Conclusion :

- Stress test is **EQUIVOCAL** for ECG evidence of provocable myocardial ischemia.

DR. A. F. KHABIR UDDIN AHMED
MBBS, MD (Cardiology),
Fellow: WHO (India), HPSP (Thailand),
Trained in Interventional Cardiology
Cardiac & Medicine Specialist
Associate Professor (Cardiology)
Ex-National Institute of Cardiovascular Disease

Prepared By: Mahmuda

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23100860	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	23/10/2023
Patient Name	MD. MAKSUDUR RAHAMAN		
Age	59 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.1cm, regular in shape and normal position. The echogenicity of the parenchyma is normal . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : **Contracted (postprandial).**

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.1 x 3.2)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.0 cm, LK-10.3 cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: **Mildly enlarged in size and volume is 33.1 cc,** regular in shape.
Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Mildly enlarged prostate gland .

23.10.23

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE' LE CHOLERA

This is to certify that MD. MAKSUDUR RAHAMAN Date of birth 08.6.64 Sex MALE
je soussigne (e) certifie que MRahman ne (e) le _____ Sexe _____
whose signature follows
dont la signature suit
has on the date indicated been vaccinated or revaccinated against Cholera
a etc' vaccination (e) ou revaccine (e) contre la fiever jaune la date indiques

Date	Signature and Professional status of vaccinator Signature et qualitc Prof-essioundlle du vaccinateur	Approved Stamp Cachet d' authentification	
1	DR. M. AYUBUR RAHMAN M.B.B.S, P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	CENTER FOR VACCINATION 21 DILKUSHA ROAD AGRABAD, CTG. BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
12 DEC 2018			
2	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 21 DILKUSHA ROAD AGRABAD, CTG. BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
16 FEB 2022			
3	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	3 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
20 OCT 2022			
4			
5	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
23 OCT 2023			
6			TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JANUE

This is to certify that } MD. MAKSUDUR RAHAMAN Date of birth 08.06.64 Sex MALE
je soussigne (e) certifie que } MRahman ne (e) le _____ Sexe _____
whose signature follows
dont la signature suit

has on the date indicated been vaccinated or revaccinated against yellow-fever
a etc' vaccination (e) on contre la fiever jaune la date indiques

Date	Signature and Professional status of vaccinator Signature et qualitc Prof-essioundlle du vaccinateur	Origin and batch no, of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Officeial du centre de vaccination
1	DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11620	1313	1 2
2			
3			3 4
4			

12 DEC 2018

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 disignated by the health administration for the territory in which that centre is situated.
The validity of this certificate shall extend for a perio of ten years, begining 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.
Ce certificate n est valadble que si levaccine employe a etc approuve part Organisation mondiate de la Sant. et sit c de vaccination a etc habilite part admnistation du territorie de s lequcl ce centre est situe
Le validity de ce certificale conure une periode de. six ans ommencent dix jonrs apres la date de la vaccination ou. da s le casd une revaccination on cours de cettee periode de dix aus, e jour de cette revaccination.
Toute correction ou rature sur le certificate au omission d' un quelconque desmentions nb il comporte peul affecter su validite.