

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: SHAON HASAN MAHMUD Sex: M Serial No: _____

Date of Birth: 20/10/1996 PP/CDC: C/O/9632 Rank: 3RD OFFICER

Vessel: MV ZEUS ONE Type: BULK CARRIER Route: WORLD WIDE

Home Address: ADORSHO PARA, WARD NO 06, CHARFASSON, BHOLA.

Company Name: V. SHIP

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--beats / min	Resp.Rate / min	General Condition	
<u>176cm</u>	<u>82kg</u>	<u>42-40</u>	<u>110/70mm</u>	<u>78/min</u>	<u>16/min</u>	<u>Good</u>	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	<u>20</u>	<u>20</u>
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear		
Other		Normal	Abnormal		Left ear		

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	/
Eyes	/			Cardiovascular system	/
Ears / Nose / Throat	/			Per Abdomen	/
Teeth / Oral Cavity	/			Genito-urinary system	/
Musculo-Skeletal system	/			Others	/
Nervous system	/			Hernia / Hydrocoele	/
Reflexes	/			Varicose Veins	/
Skin	/			Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>14.9 gm%</u>	14-16 gm %	Colour
Total WBC count	<u>10,600 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
Neu <u>74</u> % Lymph	<u>22</u> % Eos	<u>02</u> % Mo	pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>50 mm / 1st hour</u>	1-15 mm / hr	Sugar
SGPT	<u>58 U/L</u>	9-43 U / L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells
HbsAg	<u>negative</u>		Leucocytes
HIV 1 & II	<u>negative</u>		Others
VDRL	<u>negative</u>		
Others	<u>non-Rel</u>		
Blood Group		GGTP U/L	

ECG: Normal TMT: NIE

X-Ray Chest: Normal

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, DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 20 OCT 2025

Candidate's Signature: hasan mahmud

Date: 21 OCT 2023

Official Stamp



Doctor's signature:

[Signature]

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.

04.2023.5027

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT SHAON	FIRST NAME HASAN	MIDDLE INITIAL MAHMUD
DATE OF BIRTH MONTH 10 DAY 20 YEAR 1996	PLACE OF BIRTH BHOLA	SEX MALE ☒ FEMALE ☐
CITY	COUNTRY BANGLA	
EXAMINATION FOR DUTY AS: MASTER ☐ RATING ☐ MATE ☒ MOU DECK ☐ ENGINEER ☐ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐		MAILING ADDRESS OF APPLICANT: ADORSHO PARA, WARD NO 06, CHARFASSON, BHOLA.

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

HEIGHT 276cm	WEIGHT 82kg	BLOOD PRESSURE 120/70mm	PULSE 78b/min	RESPIRATION 24/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6			
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 21 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 Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATIONS Normal		
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.					

hasan mahmud.
SIGNATURE OF APPLICANT

21 OCT 2023
DATE OF EXAM

20 OCT 2025
EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **HASAN MAHMUD SHAON**

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). 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 CERTIFYING AUTHORITY **DG SHIPPING BANGLADESH**
 DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**
 SIGNATURE OF PHYSICIAN  DATE OF EXAMINATION: **21 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)

1

DR. MIR. MD. RAIHAN
 MBBS (DU), DEM. CCD (BirDEM), PGT (Ophth)
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 General Physician
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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/Navigation 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/navigation 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

21 OCT 2023

RLM-105M (REV. 12/17)



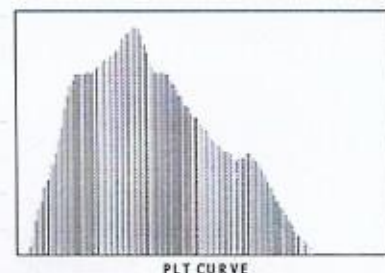
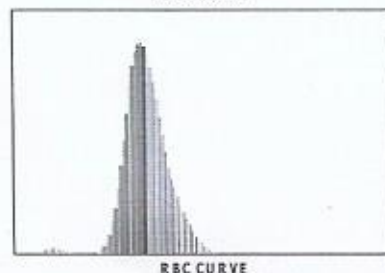

DR. MIR, MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 23100788 **Date** : 21-Oct-2023 **D.Date** : 21-Oct-2023
Patient's Name : HASAN MAHMUD SHAON **Age** : 27Y 0M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9632

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.9 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	10 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	10,600 /cumm	
Differential WBC Count (DC)		
Neutrophils	74 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	22 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	212 /cumm	50-450/cumm
Total RBC Count	4.97 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.2 %	M: 40-54%, F:37-47%
MCV	82.9 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	14.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,82,000 /cumm	150,000-450,000/cumm
MPV	12.2 fL	7.0 - 11.0 fL
PCT	0.156 %	0.1 - 0.2 %
Bledding 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	DIA23100788	Received Date	21/10/2023
Patient's Name	HASAN MAHMUD SHAON		
Patient's Age	27Y 0M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9632
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
Serum AST (SGOT)	18.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	122.0U/L	98 - 279 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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23100788	Received Date	21/10/2023
Patient's Name	HASAN MAHMUD SHAON		
Patient's Age	27Y 0M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9632		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (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	DIA23100788	Received Date	21/10/2023
Patient's Name	HASAN MAHMUD SHAON		
Patient's Age	27Y 0M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9632		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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.

Bill No	DIA23100788	Received Date	21/10/2023
Patient's Name	HASAN MAHMUD SHAON		
Patient's Age	27Y 0M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9632		
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

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

Date: 21/10/2023

EYE EXAMINATION REPORT

NAME:	HASAN MAHMUD SHAON		
AGE:	27 YRS	RANK: 3 RD OFF	CDC NO:C/O/9632

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

AUDIOLOGICAL REPORT

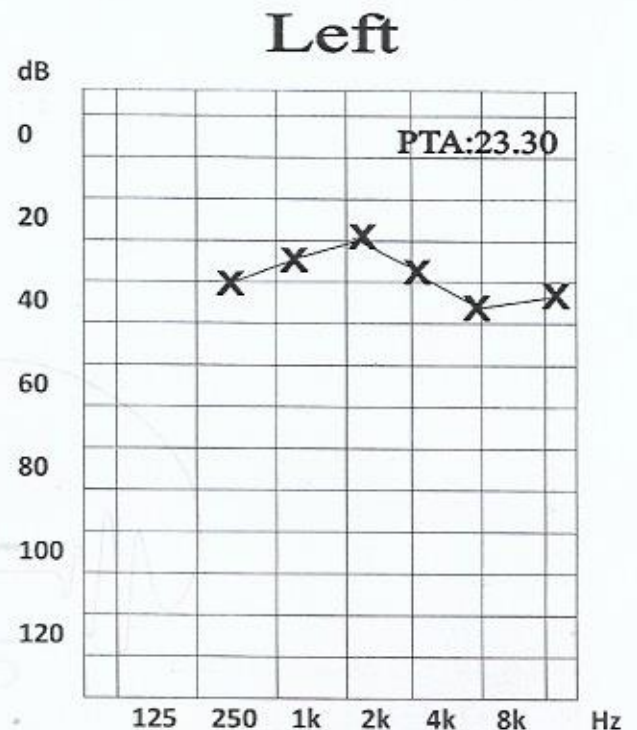
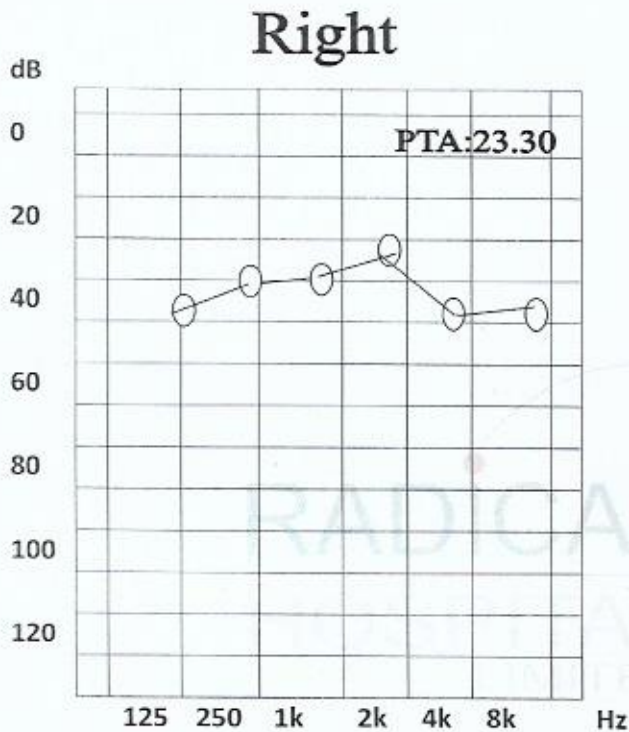
Patient Name : HASAN MAHMUD SHAON

21/10/2023

Age : 27 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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100788 Receive: 21/10/2023 Print: 21/10/2023
Patient's Name : **HASAN MAHMUD SHAON**
Age : 27 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.

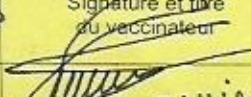


Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that HASAN MAHMUD date of birth 20/10/1996 Sex M
JE Soussigne' (e) certifie que SHAON no' (e) le hasan mahmud. sexe M
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	Signature and professional Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
06 OCT 2023	 DR. MIR. MD. RAIHAN. MBBS (DU), DPM, CCB (Dipdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health 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 such 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 the signature.

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

Ce certificat n'est valable que si le vaccina employe' a e'te' approuve' par l'organisation Mondiale de la sante' et si le centre a e'te' designe' par l'administration sanitaire du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe'riode de dix ans comencant dix jours apres la date de la vaccination ou, dans le cas d'une re vaccination, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe' par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme tenant lieu de signature.

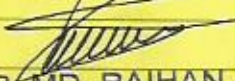
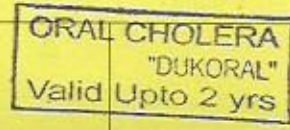
Toute e'rection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that
JE Soussigne' (e) certifie que | **HASAN MAHMUD** | date of birth | **20/10/1996** | Sex | **M**
no' (e) le | | sexe |

Whose signature follows
dont la signature suit | **hasan mahmud** |

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
21 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	 
2		
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, this 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 part of it. May render it invalid.

La validite de ce certificat couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois à partir de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut entraîner sa validité.