# 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: HOSSAIN MD ISMAIL (Surname / First Name / Middle Initial) Sex: MALE Serial No:

Date of Birth: 05 / 12 / 1993 PP/CDC: C101 7188 Rank: 2ND OFFICER

Vessel: GFS RUBY Type: CONTAINER Route: WORLD WIDE

Home Address: HOUSE NO 7, MONESSOR 1ST LANE, HAZARIBAGH, DHAKA - 1209.

Company Name :

## 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 Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ |
| Eye / Vision Problems (Glasses, etc ) | | ✓ | | ✓ |
| Hearing Impairment | | ✓ | | ✓ |
| Ear / Nose / Throat problems | | ✓ | | ✓ |
| Stomach / Bowel disorders | | ✓ | | ✓ |
| Gall stones / Kidney disorders | | ✓ | | ✓ |
| Jaundice / Liver Disease | | ✓ | | ✓ |
| Piles / Varicose veins | | ✓ | | ✓ |
| Blood Disorder | | ✓ | | ✓ |
| Female Disorder | | ✓ | | ✓ |
| Notes | | | | |

| | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|
| Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Asthama / Bronchitis / Tuberculosis | | ✓ | | ✓ |
| Allergy / Skin disease | | ✓ | | ✓ |
| Infection / Contagious Disease | | ✓ | | ✓ |
| Addiction to alcohol / drugs / tobacco | | ✓ | | ✓ |
| Fracture / Dislocation / Injury / Amputation | | ✓ | | ✓ |
| Major / Minor Operation | | ✓ | | ✓ |
| Diabetes | | ✓ | | ✓ |
| Nervous / Mental disease / Sleep disorder | | ✓ | | ✓ |
| Mallignant disease ( Cancer) | | ✓ | | ✓ |
| 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 |
|---|---|---|---|---|---|---|
| 173cm | 79kg | 41 cms | 120/70mmHg | 78b/min | 18b/min | Good |

| Distant Vision | Uncorrected | Corrected |
|---|---|---|
| Right Eye | 6/6 | |
| Left Eye | 6/6 | |
| Colour Vision: Ishihara | | Normal / Abnormal |
| Colour Vision: Other | | Normal / Abnormal |

Field of Vision: Normal / Abnormal

| Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|
| Right Ear | dB | 20 | 20 | 20 | | | | | |
| Left Ear | dB | 20 | 20 | 20 | | | | | |

Hearing: Right Ear: 4 / Left ear: 4

## Systemic Examination

| | Normal | Abnormal |
|---|---|---|
| Head & Neck | ✓ | |
| Eyes | ✓ | |
| Ears / Nose / Throat | ✓ | |
| Teeth / Oral Cavity | ✓ | |
| Musculo-Skeletal system | ✓ | |
| Nervous system | ✓ | |
| Reflexes | ✓ | |
| Skin | ✓ | |

**Notes**

FIT FOR SEA SERVICE
AS
AS PER MLC 2006
Enhanced GARD Medicals done

| | Normal | Abnormal |
|---|---|---|
| Respiratory system | ✓ | |
| Cardiovascular system | ✓ | |
| Per Abdomen | ✓ | |
| Genito-urinary system | ✓ | |
| Others | ✓ | |
| Hernia / Hydrocoele | ✓ | |
| Varicose Veins | ✓ | |
| Fissure/Fistula/Piles | ✓ | |

## Investigations

| Blood | Result | Normal |
|---|---|---|
| Hemoglobin | 16.5 gm% | 14-16 gm % |
| Total WBC count | 7,600 cu.mm | 4000-11000 / cu.mm |
| Neu 61 % Lymp 34 % Eos 02 Ba 00 % Mo 02 % | | |
| Malarial parasite | Not Found | |
| ESR | 02 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | U/L | 9--43 U / L |
| S.Cholesterol | mg/dl | 145--260 mg / dl |
| S.Triglycerides | mg/dl | upto 200 mg /dl |
| Blood Sugar | RBS PPBS | upto 125 mg % |
| HbsAg | Negative | |
| HIV I & II | Negative | |
| VDRL | Non Reactive | |
| Others | | GGTP U/L |
| Blood Group | | |

| Urine | |
|---|---|
| Colour | Straw |
| Specific Gravity | N/T |
| pH | N |
| Albumin | N |
| Sugar | N |
| Bile pigment | N |
| Bile salts | N |
| Occult blood | N |
| RBC cells | N |
| Leucocytes | N |
| Others | |

ECG : NIE TMT: NIE

X-Ray Chest: NIE

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD. ★ REG. NO. A-55144

## 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 Name: 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:** 06 OCT 2025

Candidate's Signature

Date: 07 OCT 2023 07.10.2023

04.2023.4923

Radical Hospital Ltd. Medical Staff As Per MLC-2006 Approved Bangladesh

Doctor's Signature:

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

ANNEX C

MPA
SINGAPORE

# MARITIME AND PORT AUTHORITY OF SINGAPORE

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

| Seafarer's Name :(*Last, first, middle*) HOSSAIN MD ISMAIL | | | Gender: MALE Male/Female* |
|---|---|---|---|
| Date of Birth: (*Day/month/year*) 05.12.1993 | Nationality: BANGLADESHI | Place of Birth: MUNSHIGANJ | |

Declaration of the recognized medical practitioner:

| | | Yes | No |
|---|---|---|---|
| 1 | Identification documents were checked at the point of examination? | ✓ | |
| 2 | Hearing meets the standards in STCW Code Section A-I/9? | ✓ | |
| 3 | Unaided hearing satisfactory? | ✓ | |
| 4 | Visual acuity meets the standards in STCW Code Section A-I/9? | ✓ | |
| 5 | Colour vision meets the standards in STCW Code Section A-I/9? | ✓ | |
| | Date of last colour vision test: 07 OCT 2023 | | |
| 6 | Fit for look-out duty? | ✓ | |
| 7 | Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard? | ✓ | |
| 8 | No limitations or restrictions on fitness? | ✓ | |
| | If "**no**" specify limitations or restrictions | | |
| 9 | Date of examination: (*day/month/year*) 07 OCT 2023 | | |
| 10 | Expiry of certificate: (*day/month/year*) 06 OCT 2025<br>** *Maximum two years from date of examination unless the seafarer is under the age of 18* | | |

07.10.2023
Date

Signature of Authorised Medical Practitioner

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 Practitioner's Official stamp (*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

04.2023.4923

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

ANNEX B

MPA SINGAPORE

**MARITIME AND PORT AUTHORITY OF SINGAPORE**
**SHIPPING DIVISION**

# RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

| | | |
|---|---|---|
| Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) HOSSAIN MD ISMAIL | | Gender: MALE Male/Female* |
| Date of Birth: day/month/year 05.12.1993 | Place of Birth: MUNSHIGANJ | Nationality: BANGLADESHI |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00696529 | Dept: Deck / Engine / Catering / others Rank: 2ND OFFICER | Type of ship: CONTAINER |
| Home Address: HOUSE NO 7, MONESSOR 1ST LANE, HAZARIBAG, DHAKA - 1209 | Routine and emergency duties: | Trading area: e.g. coastal / worldwide |

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| 1. Eye/vision problem | | ✓ | 18. Sleep problem | | ✓ |
| 2. High blood pressure | | ✓ | 19. Do you smoke, use alcohol or drugs? | | ✓ |
| 3. Heart/vascular disease | | ✓ | 20. Operation/surgery | | ✓ |
| 4. Heart Surgery | | ✓ | 21. Epilesy/seizures | | ✓ |
| 5. Varicose veins/piles | | ✓ | 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(hearing, tinnitus/nose/throat problem | | ✓ |
| 14. Infectious / contagious diseases | | ✓ | 31. Restricted mobility | | ✓ |
| 15. Hernia | | ✓ | 32. Back or joint problem | | ✓ |
| 16. Genital disorder | | ✓ | 33. Amputation | | ✓ |
| 17. Pregnancy | N/A | | 34. Fracture/dislocations | | ✓ |

If you answer "yes" to any of the above questions, please provide details:

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| 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 even 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 medication? | | ✓ |
| 42. Are you using any non-prescription or prescription medication? | | ✓ |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

07.10.2023
Date

Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR MD. RAIHAN.

07.10.2023
Date

Signature of Seafarer

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

Name and Signature of Witness

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

## Part B – Result of medical examinations

### Eyesight

Use of glasses or contact lenses

☑ No

☐ Yes Type ..... Purpose .....

### Visual Acuity

| Unaided | | | Aided | | |
|---|---|---|---|---|---|
| Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6 | 6/6 | Distant | | |
| Near | 6/6 | 6/6 | Near | | |

### Visual fields

| | Normal | Defective |
|---|---|---|
| Right eye | | |
| Left eye | | |

### Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

### Hearing

| Pure tone and audiometry (threshold values in dB) | | | | |
|---|---|---|---|---|
| | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz |
| Right ear | 20 | 20 | 20 | |
| Left ear | 20 | 20 | 20 | |

### Speech and whisper test (metres)

| | Normal | Whisper |
|---|---|---|
| Right ear | | |
| Left ear | | |

### Clinical Findings

| | | | | | |
|---|---|---|---|---|---|
| Height | 173 (cm) | | Weight | 79 (kg) | |
| Pulse rate | (per minute) | 78 | Rhythm | | Regular |
| Blood Pressure Systolic (mm Hg) | | 110 | Diastolic (mm Hg) | | 70 |
| Urinalysis: | Glucose : | Nil | Protein: | Nil | Blood: Nil |

| | Normal | Abnormal |
|---|---|---|
| Head | | |
| Sinus, nose, throat | | |
| Mouth/teeth | | |

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| | | |
|---|---|---|
| Ears (general) | | |
| Tympanic membrane | | |
| Eyes | | |
| Ophthalmoscopy | | |
| Pupils | | |
| Eye movement | | |
| Lungs and chest | | |
| Breast examination | N/A | |
| Heart | | |
| Skin | | |
| Varicose Vein | | |
| Vascular (inc. pedal pulse) | | |
| Abdomen and viscera | | |
| Hernia | | |
| Anus (not rectal exam) | | |
| G-U system | | |
| Upper and lower extremities | | |
| Spine (C/s, T/S, L/S) | | |
| Neurologic (full/brief) | | |
| Psychiatric | | |
| General appearance | | |

**Chest X-ray**

☐ Not performed ☑ Performed on (day/month/year): 07 OCT 2023

Results: Normal

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

Test Blood Test Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

**Assessment of fitness for service at sea** *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

| | Deck Service | Engine Service | Catering Service | Other Service |
|---|---|---|---|---|
| Fit | | | | |
| Unfit | | | | |

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☒ Without restrictions ☐ With restrictions

| Description of restrictions (e.g. specific position, type of ship, trading area etc.) |
|---|
| |

07 OCT 2023

Date

Signature of Medical Practitioner

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 Practitioner's name, licence number, address

**********

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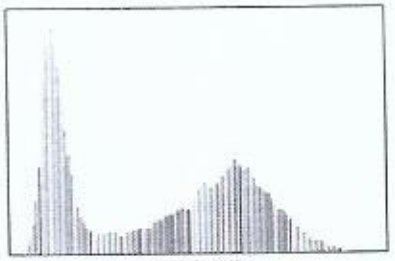
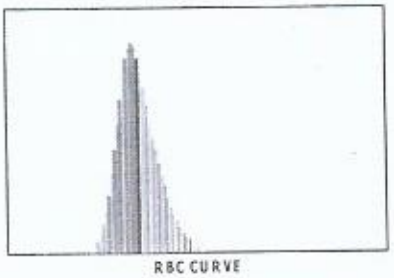
| | | | |
|---|---|---|---|
| **Id No** : 23100262 | **Date :** 07-Oct-2023 | **D.Date :** 07-Oct-2023 |
| **Patient's Name :** MD ISMAIL HOSSAIN | **Age :** 30Y 10M 2D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/7288 | | |

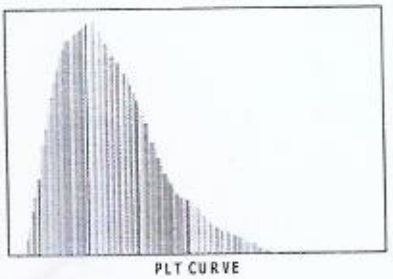
## Haematology Report

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

| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **16.5** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **02** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **7,600** /cumm | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **61** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **34** % | 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 | **152** /cumm | 50-450/cumm |
| **Total RBC Count** | **5.39** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **43.8** % | M: 40-54%, F:37-47% |
| MCV | **81.3** fL | 76 - 94 fL |
| MCH | **30.6** pg | 27 - 32 pg |
| MCHC | **37.7** g/dL | 29 - 34 g/dL |
| RDW | **12.2** % | 11 - 16 % |
| PDW | **17.5** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **2,46,000** /cumm | 150,000-450,000/cumm |
| MPV | **9.4** fL | 7.0 - 11.0 fL |
| PCT | **0.231** % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |


WBC CURVE


RBC CURVE


PLT CURVE

**Checked By**
Medical Technologist

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

| | | | |
|---|---|---|---|
| Bill No | DIA23100262 | Received Date | 07/10/2023 |
| Patient's Name | MD ISMAIL HOSSAIN | | |
| Patient's Age | 30Y 10M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM -C/O/7188 | | |
| Sample | BLOOD | | |

# SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HBsAg (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 | DIA23100262 | Received Date | 07/10/2023 |
|---|---|---|---|
| Patient's Name | MD ISMAIL HOSSAIN | | |
| Patient's Age | 30Y 10M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM -C/O/7188 | | |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|---|---|---|---|
| Colo | Straw | R B C | Nil |
| Appearance | Clear | Pus Cells | 1-2/HPF |
| Sediment | Nil | Epithelial | 1-2/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 Technologis
Radical Hospitals Ltd.

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

| | | | |
|---|---|---|---|
| Bill No | DIA23100262 | Received Date | 07/10/2023 |
| Patient's Name | MD ISMAIL HOSSAIN | | |
| Patient's Age | 30Y 10M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | -C/O/7188 |
| 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 Technologis
Radical Hospitals Ltd.

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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
# CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } MD ISMAIL HOSSAIN date of birth / no (e) le } 05.12.1993 Sex / sexe } MALE

Whose signature follows / dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

| Date | Signature and professional Status of Vaccinator Signature et titre du vaccinateur | Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot | Official stamp of vaccinating centre Cachet officiel du centre de vaccination |
|---|---|---|---|
| 1 07 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 | YELLOW FEVER VACCINE L. NO | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 2 | | | |

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA**

**CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA**

This is to certify that MD ISMAIL HOSSAIN date of birth 05.12.1993 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquec.

| Date | Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure | Approved Stamp Cechet d'authentification |
|---|---|---|
| 1 | 07 OCT 2023<br>DR. MIR MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited | ORAL CHOLERA<br>"DUKORAL"<br>Valid Upto 2 yrs<br>CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue Uttara, Dhaka<br>BANGLADESH |
| 2 | | |

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 a revaccination within such period of six months, 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.