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: ISLAM (Surname) MD (First Name) MAHDUL (Middle Initial) Sex: M Serial No:

Date of Birth: 07/01/1983 PP/CDC: C/0/4554 Rank: CHIEF ENGINEER

Vessel: MV. BOSON Type: CONTAINER Route: world-wide

Home Address: ARMA KHONIKA (A/S). HOUSE # 15, ROAD # 8/1, BLOCK - D, BANASREE, RAMPURA, DHAKA-1219.

Company Name : BSM

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		✓		✓
Addicition 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
167cm	68kg.	43-41 cms	130/80 mm Hg.	78 b/mi	19 b/mi	Good

Distant Vision	Uncorrected	Corrected
Right Eye		6/6
Left Eye		6/6

Field of Vision: Normal ✓ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	25	25	25					
Left Ear	dB	25	25	25					

Colour Vision			
Ishihara		Normal	Abnormal
Other		Normal ✓	Abnormal

Hearing: Right Ear ✓ / Left ear ✓

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 2M. ENGR
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	12.2 gm%	14-16 gm %
Total WBC count	6,900 cu.mm	4000-11000 / cu.mm
Neu 67 % Lymp 29 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	WNL U/L	9--43 U / L
S.Cholesterol	WNL mg/dl	145--260 mg / dl
S.Triglycerides	WNL mg/dl	upto 200 mg /dl
Blood Sugar	RBS 3.5 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Non Reactive.	
VDRL		
Others		GGTP U/L
Blood Group		

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	NIL
Sugar	NIL
Bile pigment	
Bile salts	
Occult blood	
RBC cells	NIL
Leucocytes	
Others	

ECG : Normal TMT: N/D

X-Ray Chest: Normal

Spirometry: ND

Drugs of Abuse: Negative

USG: Normal

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: 01 SEP 2025

Candidate's Signature

Date: 02 SEP 2023

Official Stamp: Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

Doctor's signature:

04.2023.4699

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.

ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05

PHYSICAL EXAMINATION REPORT / CERTIFICATE

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLACK INK OR BY USE OF A TYPEWRITER

Last Name of Seafarer: ISLAM	First Name of Seafarer: MD	Middle Name: MAIDUL

Date of Birth:	Nationality:	Sex:
01 (Month) 07 (Day) 1983 (Year)	DHAKA (City), BANGLADESH (Country)	M: Male [ ]: Female

Examination for Duty As:

[ ]: Master
[ ]: Mate
[✓]: Engineer
[ ]: Radio Officer
[ ]: Rating

Identification documents checked at point of examination? (Y/N): ✓

MEDICAL EXAMINATION (see Page 2 for medical requirements) **STATE FURTHER DETAILS** on Page 2

Vision:	Right Eye:	Left Eye:
With Glasses	6/6	6/6
Without Glasses		

Hearing meets the standards in section A-I/9 (Y/N): ✓

Unaided hearing satisfactory? (Y/N): ✓

Visual acuity meets standards in section A-I/9 (Y/N): ✓

Colour vision meets standards in section A-I/9 (Y/N): ✓

Right Ear: N/A Left Ear: N/A

Colour Test Type: [✓]: Book [ ]: Lantern

Check if Colour Test is Normal: Yellow ✓ Red ✓ Green ✓ Blue ✓

Date of last colour vision test:

Does applicant comply with the standards of physical and medical fitness criteria set out in STCW Code as amended, Section A-I/9.2? (Y/N) ✓

Fit for lookout duties? (Y/N): ✓

No limitations or restrictions on fitness? (Y/N) ✓
If "N", specify limitations or restrictions overleaf.

Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on-board? (Y/N): ✓
If "Y" specify overleaf.

Signature of Seafarer

The signature should be affixed in the presence of the examining Medical Doctor and signed without touching any of the box lines.

Date of Examination: 02 SEP 2023

Date of Expiry (Maximum 2 years): 01 SEP 2025

This is to certify that a physical examination was given to: Name of Seafarer MD MAIDUL ISLAM

Name and Degree of Medical Doctor: DR. MIR MD RAIHAN MBBS (DU, DFM REG NO: A-55144

Address: 35 SHAH MAKHDUM AVENBUE SECTOR-12 UTTARA, DHAKA-1230

Name of Medical Doctor's Certificating Authority: DG SHIPPING BANGLADESH

Date of Issue of Medical Doctor's Certificate: 06 MAY 2014

Signature of Medical Doctor

Date: 02 SEP 2023

Medical Doctor Stamp

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.

Approved by Department of Shipping

Radical Hospitals Ltd.

St Kitts & Nevis International Ship Registry
Tel: +44 (0) 1708 380400 Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net Website: www.stkittsnevisregistry.net

MEDICAL REQUIREMENTS

All applicants for an STCW '95 Certificate of Endorsement, Certificate of Competence, Seafarer's identification document or certification of special qualification shall be required to have a physical examination reported on this Medical Form (CT 026))or one of a similar type used by a Medical Doctor that contains no less than the same information contained herein) and completed and signed by a certified Medical Doctor. The completed medical form must accompany the application for Certificate of Competence, application for Seafarer's identity document or application for certification of special qualifications. This physical examination must be carried out not more than 6 months prior to the date of making application for a Certificate of Competence, certification of special qualifications or a Seafarer's book. Such proof of examination must re-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:

1. Master & deck officer applicants must have (either with or without corrective lenses) at least 0.5 vision in one eye and at least 0.5 in the other. A value of at least 0.7 is in one eye is recommended to reduce the risk of undetected underlying eye disease.
2. Master & deck officer applicants must also have CIE colour vision standard 1 or 2 and be capable of distinguishing the colours red, green, blue and yellow.
3. Engineer and radio officer applicants must have (whether with or without corrective lenses) at least 0.4 vision in one eye and at least 0.4 in the other. Engine department personnel shall have a combined eyesight vision of at least 0.4.
4. Engineer and radio officer applicants must have CIE colour vision standard 1, 2 or 3 and must also be able to perceive the colours red, yellow and green.
5. The standards of physical and medical fitness shall ensure that seafarers satisfy the criteria set out in STCW Code as amended Section A-I/9.2.

IMPORTANT NOTE

The original copy of the physical report must accompany the application. A duplicate copy clearly labelled 'certified copy' on its face and initialled by the examining Medical Doctor must be maintained by the applicant as evidence of physical qualification while serving on board a vessel.

Remarks to or further details of Medical Examination:
(to be completed by examining Medical Doctor)

01. COMPLETED PHYSICAL EXAMINATION

02. RADIOLOGICAL TEST

03. PATHOLOGICAL TEST

04. EYE EXAMINATION FOR CV & VR

02 SEP 2023

Radical Hospitals Ltd. ★ As Per MLC 2006 ★ Approved By Department of Shipping

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.

St Kitts and Nevis International Ship Registry
Tel: +44 (0) 1708 380400 • Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net • Website: www.stkittsnevisregistry.net

Id No : 23090058	**Date :** 02-Sep-2023	**D.Date :** 03-Sep-2023
Patient's Name : MD MAIDUL ISLAM	**Age :** 40Y 7M 26D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4554		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.2** 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.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,900** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**67** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**29** %	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	**138** /cumm	50-450/cumm
Total RBC Count	**4.50** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**35.5** %	M: 40-54%, F:37-47%
MCV	**78.9** fL	76 - 94 fL
MCH	**29.6** pg	27 - 32 pg
MCHC	**37.5** g/dL	29 - 34 g/dL
RDW	**12.7** %	11 - 16 %
PDW	**15.6** fL	35 - 56 fl
Total Platelete Count (PC)	**2,23000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.236** %	0.1 - 0.%

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23090058	Received Date	02/09/2023
Patient's Name	MD MAIDUL ISLAM		
Patient's Age	40Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4554
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	IDA23090058	Received Date	02/09/2023
Patient's Name	MD MAIDUL ISLAM		
Patient's Age	40Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O 4554		
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

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Radical Hospitals Ltd.

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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

Bill No	DIA23090058	Received Date	02/09/2023
Patient's Name	MD MAIDUL ISLAM		
Patient's Age	40Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4554		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	NIL
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION

CASTS / 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 REQUEST

CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By

Medical Technologist.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23090058	Received Date	02/09/2023
Patient's Name	MD MAIDUL ISLAM		
Patient's Age	40Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4554		
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.

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

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090058	Receive:02/09/2023	Print: 02/09/2023
Patient's Name	:	**MD MAIDUL ISLAM**		
Age	:	40 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

This report has been electronically signed.

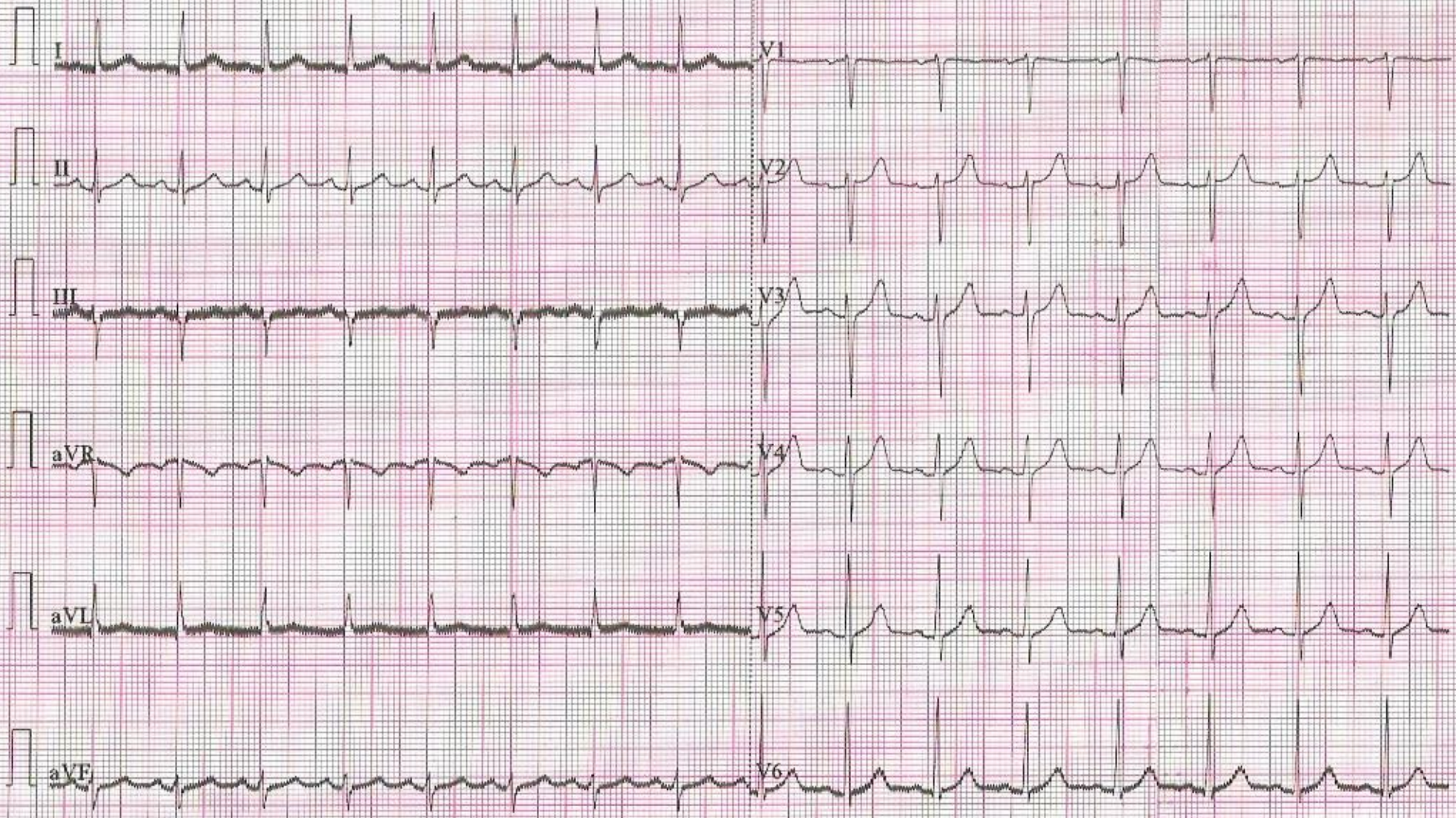
ID: 166
Male 40 Years

02-09-2023 19:05:18

HR	: 97	bpm
P	: 104	ms
PR	: 162	ms
QRS	: 82	ms
QT/QTc	: 350/445	ms
P/QRS/T	: 69/0/50	°
RV5/SV1	: 1.417/0.947	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥97 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090058	Receive: Print: 02/09/2023		
Patient's Name	:	**MD MAIDUL ISLAM**			
Age	:	40 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	97 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

MD. MAIDUL ISLAM

This is to Certify that
je soussigne (e) certifie que _____ Date of Birth 07.01.1983 sex M
whose signature follows
dont la signature suit. _____ ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature et qualitc Prof. essioundle du vaccinateur	Approved Stamp Cachet d' authentification
05 SEP 2019	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3		
08 NOV 2021	Dr. Mohammad Saifuddin (Sabuj) MBBS (EU), PGT (Medicine), CCD (BIRDEM) BMDC. Reg. No. A 41434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka	New Popular Medical Services DGHS Health Licence No. 3924
4		ORAL CHOLERA "DUKORAL" Valid Upto 2 Years
02 SEP 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
6		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 FIEVER JANUE

MD. MAIDUL ISLAM

This is to Certifie that
je soussigne (e) certifie que } _____ Date of Birth 07.01.1983 sex M
whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el 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 Official du Center de vaccination
1 01 SEP 2019	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 DAKAR 2268	1 CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by 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 or failure to complete any part of it, may render it invalid.

Ce certificate n est valadble que si jevaccine employe a etc. approve part organisation mondiate de la sant.
Et sit c de vaccination a etc habilite part administration du territorie de s lequcl ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix Jours 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 Ie certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.