



HAQUE & SONS LTD.

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



Accredited By: BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HSL-002582

MEDICAL EXAMINATION CERTIFICATE

SURNAME HAQUE	FIRST NAME AND MD	MIDDLE NAME EMAMUL
PLACE AND DATE OF BIRTH RAJSHAHI 25-Aug-1994	PASSPORT NUMBER EF0613016	SEAMAN'S BOOK NUMBER CO9388
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VIL-KARISHA, PO-DHOPAGHATA-6210, PS-MOHANPUR, 6210, BANGLADESH.	CONTACT NUMBER: +8801728586494 (SELF) /	RANK: 3RD OFFICER

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

Emamul

Signature of Seafarer

MEDICAL EXAMINATION

Weight 78 kg	Height (cm) 172	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78 bpm																								
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>Adequate</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>				Ear		Audiometry				Hearing by Whisper Test		Right	Left	500	1000	2000	3000	Adequate	Inadequate	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate					☒ Adequate	☐ Inadequate
Ear		Audiometry				Hearing by Whisper Test																					
Right	Left	500	1000	2000	3000	Adequate	Inadequate																				
☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate					☒ 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: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 25 SEP 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>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Manjuana	☐ Positive	☒ Negative
ECG	<u>MD</u>	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	☒ Positive	☐ Negative
DC (differential count)	<u>MD</u>	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	<u>19.6</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGRÉN)	<u>10</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>10.600</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>B+ve</u>
RANDOM	<u>5.7</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>MD</u>
HBA1C	<u>5.3%</u>	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultraso	<u>MD</u>

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

<u>Emamul</u>	MD EMAMUL HAQUE	25-Sep-2023
Signature of Seafarer	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
☒	☐	☐	☐
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 ☐
--	--------------------------------

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

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

Fitness Date: <u>25 SEP 2023</u>	Valid Until: <u>24 SEP 2024</u>
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Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination (Regulations, Procedures and Guidelines) and STCW 1978/1996 as Amended, MLC 2006



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD EMAMUL HAQUE

RANK : 3RD OFFICER

CDC NO : C/O/9388

DOB : 25-Aug-1994

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☐

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 25 SEP 2023

Signed :

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.

The Crew Member

* If yes, mention details below:-

Medical Information: (医療情報) * Please check the appropriate items.

該当する二箇にノ印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urucaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)
☐ Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (重大な病歴) Age (年齢) _____

Surgery: (手術) _____ When? (時期) _____ Age (年齢) _____

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (持続/有無)

Name of illness: (持病名) _____

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない) ☐ Drink 2-3 times a week (週に2-3回) ☐ Drink every evening (毎夜)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

- (2) Smoking: (喫煙) ☐ Never smoke (吸わない) ☐ Quit smoking in 19____ (19____年に禁煙)
☐ Smoke _____ cigarettes a day (1日____本吸う)

- (3) Bowel movements: (排便)
☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

- (4) Dietary preferences: (食味の好み)
☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛) ☐ Sweet (甘い) ☐ Only (偏り)

- (5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

- (6) Sleep: (睡眠)
☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬を服用)

- (7) Weight: (体重)
☐ Constant (変わらない) ☐ Putting on weight (太ってきた)
☐ Losing weight (やせてきた)



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25 SEP 2023

5. FAMILY HISTORY : (家族歴)

Noxation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer, part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other, Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(医師に伝える特別なコメントを英語で簡潔に)

MEDICAL RECORDS
(Write in block letters)

Name of Company: _____ Tel: _____ Fax: _____ Nationality: _____ (国籍)
(所属会社)
Name: MR. EMANUEL THARRE Sex: (性別) M
(氏名) (男/女)
given name (名) family name (姓)
Name of Position: SRD OFF Date of Birth: 25/08/1979
(職位) (生年月日) (D・M・Y)

Height: (身長) 172 cm Weight: (体重) 78 kg/at age 20: (20 才時) _____ kg
Pulse: 78 /min Normal breathing rate: 20 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 mmHg Blood type: B+ Rh () Single Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ _____ mmol/l
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ _____ mmol/l



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Date: 25 SEP 2023 Signature: (署名) _____
(Card holder) (本人)

Id No : 23091115 **Date** : 25-Sep-2023 **D.Date** : 25-Sep-2023
Patient's Name : MD EMAMUL HAQUE **Age** : 29Y 1M 0D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9388

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	82 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	14 %	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	4.71 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.7 %	M: 40-54%, F:37-47%
MCV	86.4 fL	76 - 94 fL
MCH	31.0 pg	27 - 32 pg
MCHC	35.9 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW	16.3 fL	35 - 56 fL
Total Platelete Count (PC)	1,73,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.144 %	0.1 - 0.0 %

Checked By
 Medical Technologist

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

Bill No	DIA23091115	Received Date	25/09/2023
Patient's Name	MD EMAMUL HAQUE		
Patient's Age	29Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9388		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.62 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
HbA1C	5.3 %	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
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23091115	Received Date	25/09/2023
Patient's Name	MD EMAMUL HAQUE		
Patient's Age	29Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9388
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

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MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
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Bill No	DIA23091115	Received Date	25/09/2023
Patient's Name	MD EMAMUL HAQUE		
Patient's Age	29Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9388
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

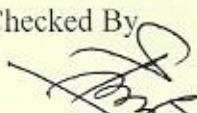
CHEMICAL EXAMINATIONCASTS / LPF

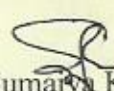
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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 Technologist
Radical Hospitals Ltd.


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Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23091115	Received Date	25/09/2023
Patient's Name	MD EMAMUL HAQUE		
Patient's Age	29Y 1M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9388
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

REF: MV. ONE MEISHAN

DATE: 25/09/2023

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

EYE EXAMINATION REPORT

NAME: MD EMAMUL HAQUE

RANK: 3RD OFF

CDC NO: C/O/9388

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

25-09-2023 15:42:06

25-09-2023 15:42:06
HR : 85 bpm
P : 102 ms
PR : 138 ms

Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

HR : 85 bpm

P : 102 ms

PR : 138 ms

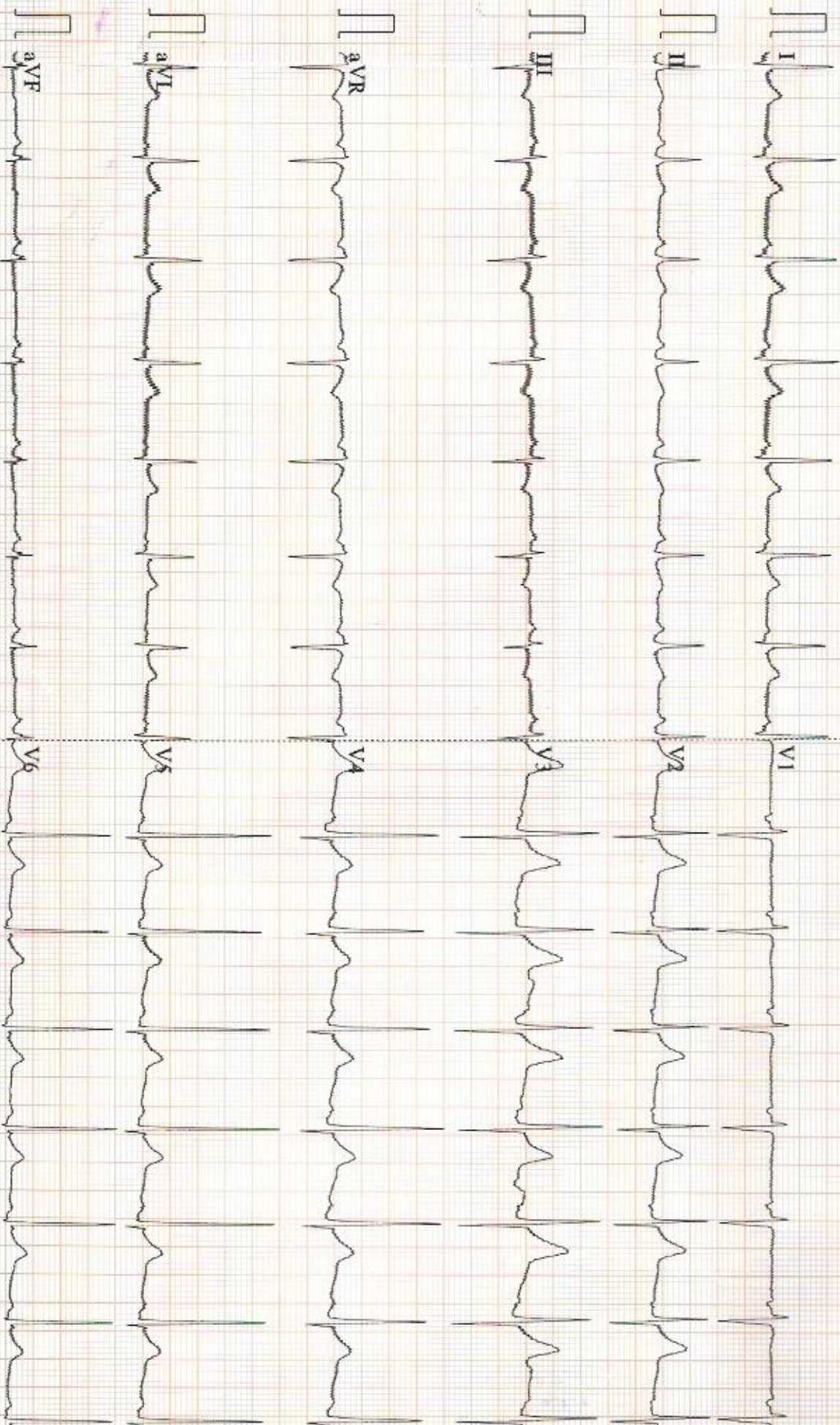
QRS : 82 ms

QT/QTc : 332/395 ms

PQRST : 58/12/0

RV5/SV1 : 2.395/0.942 mV

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s 85 SE-1200Express V2.21 Glasgow V28.60 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 230901115 Receive: 25/09/2023 Print: 26/09/2023
Patient's Name : MD EMAMUL HAQUE
Age : 29 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
22 NOV 2022	MR. BROOKLYN	135/80 78/min	Normal	Normal	Normal	Normal	Normal
25 SEP 2023	MR. ONE MEISHAN	120/80 78/min	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks		Doctor's Sign.
Not Done	Not Done			Fit For Duty on Board Ship		

DR. MD. AYUBUR RAHMAN
 M.B.B.S. P.G.T (Medicine)
 Taher Chatterjee
 10, Agrabad CA, Chittagong
 Regn. No. 211820

DR. MIR. MD. RAIHAN
 MBBS (D), DPM, CTD (Bdemi), PGD (Opht)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

MD EMAMUL HAQUE

This is to certify that
whose signature follows

Date of birth 25/08/1994 Sex MALE

Emamul

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 22 NOV 2022	<i>[Signature]</i> DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11620	
2 25 SEP 2023	<i>[Signature]</i> 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.	

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