# 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: HASAN (Surname) MD AL (First Name) HASIBUL (Middle Initial) Sex: M Serial No:

Date of Birth: 09/07/1995 PP/CDC: C/0/86664 Rank: 4/E

Vessel: MT SELENE Type: VLCC Route:

Home Address: 391, 391/1, HT BANU Tower, HATIRPOOL, Dhammondi, Dhaka.

Company Name: Sinostar Crew Manning Co. Limited.

## 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 | | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ | Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ | High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ | Asthama / Bronchitis / Tuberculosis | | ✓ | | ✓ |
| Eye / Vision Problems (Glasses, etc ) | | ✓ | | ✓ | Allergy / Skin disease | | ✓ | | ✓ |
| Hearing Impairment | | ✓ | | ✓ | Infection / Contagious Disease | | ✓ | | ✓ |
| Ear / Nose / Throat problems | | ✓ | | ✓ | Addicition 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 | | ✓ | | ✓ | Mallignant disease ( Cancer) | | ✓ | | ✓ |
| Female Disorder | | ✓ | | ✓ | Signed off on medical grounds / Declared Unfit | | ✓ | | ✓ |
| Notes | | | | | | | | | |

## Medical Examination

| Height | Weight in Kgs | Chest Insp-Exp cms | Blood Pressure in mm of Hg | Pulse--Beats / min | Resp.Rate / min | General Condition |
|---|---|---|---|---|---|---|
| 17Feet | 90Kg. | 43-41 | 120/80 mg. | 78/mi | 19/mi | Good |

| Distant Vision | Uncorrected | Corrected | Field of Vision |
|---|---|---|---|
| Right Eye | 6/6 | | Normal |
| Left Eye | 6/6 | | Abnormal |

| Colour Vision | | |
|---|---|---|
| Ishihara | | Normal / Abnormal |
| Other | | 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 | Left ear |
|---|---|---|
| | 4 | 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 A/E
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 | 15.2 gm% | 14-16 gm % |
| Total WBC count | 5.000 cu.mm | 4000-11000 / cu.mm |
| Neu 62 % Lymp 30 % Eos 02 Ba 00 % Mo 02 % | | |
| Malarial parasite | Not Found | |
| ESR | 05 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | 25 U/L | 9--43 U / L |
| S.Cholesterol | NIL mg/dl | 145--260 mg / dl |
| S.Triglycerides | NIL 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 | |
| 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:** N/D

**Drugs of Abuse:** Negative

**USG:** 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:** 06 SEP 2025

Candidate's Signature

Date: 07-09-2023

Official Stamp

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

Doctor's Signature:

07 SEP 2023

04.2023.4731

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 CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
# REPUBLIC OF PANAMA

| | |
|---|---|
| SURNAME: HASAN | GIVEN NAME (S): MD. AL MASIBUL . |
| DATE OF BIRTH: DAY 09 MONTH 07 YEAR 1995 | PLACE OF BIRTH CITY Meherpur COUNTRY / SEX MALE ☑ FEMALE ☐ |
| POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐ | MAILING ADDRESS OF APPLICANT: 391, 391/1, HI Banu Tower, Hatirpool, Dhanmondi, Dhaka-1205 |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| | VISION | | COLOR TEST TYPE | HEARING |
|---|---|---|---|---|
| | WITHOUT GLASSES | WITH GLASSES | ☑ BOOK ☐ LANTERN YELLOW RED GREEN BLUE | |
| RIGHT EYE | 6/6 | — | | RIGHT EAR |
| LEFT EYE | 6/6. | — | | LEFT EAR |

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 07 SEP 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

| Signature of Applicant | Name of Applicant | Date |
|---|---|---|
| | MD. AL MASIBUL HASAN | 07-09-2023 |

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. Approved by DG Shipping Bangladesh As Per MLC-2006 Department of Seafarers' Health DATE: 07 SEP 2023

EXPIRY DATE OF CERTIFICATE: 06 SEP 2025

*This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*

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 LIMITED

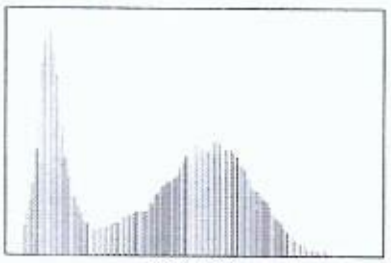
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| **Id No** | : 0281 | **Date :** 07-Sep-2023 | **D.Date :** 07-Sep-2023 |
| **Patient's Name :** | MD AL NASIBUL HASAN | **Age :** 28Y 1M 29D | **Gender:** Male |
| **Specimen** | : Blood | | |
| **Doctor Name** | : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8664 | | |

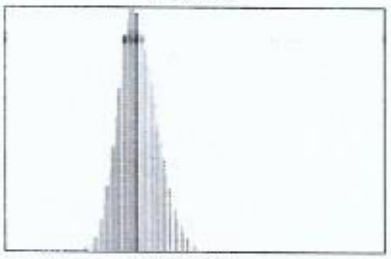
## Haematology Report

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

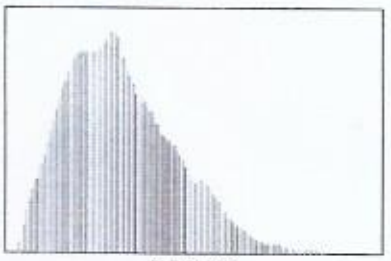
| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **15.2** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **05** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **7,000** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **65** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **30** % | 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 | **140** /cumm | 50-450/cumm |
| **Total RBC Count** | **5.09** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **41.6** % | M: 40-54%, F:37-47% |
| MCV | **81.7** fL | 76 - 94 fL |
| MCH | **29.9** pg | 27 - 32 pg |
| MCHC | **36.5** g/dL | 29 - 34 g/dL |
| RDW | **12.9** % | 11 - 16 % |
| PDW | **16.8** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **240000** /cumm | 150,000-450,000/cumm |
| MPV | **10.6** fL | 7.0 - 11.0 fL |
| PCT | **0.094** % | 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | DIA23090281 | Received Date | 07/09/2023 |
| Patient's Name | MD AL NASIBUL HASAN | | |
| Patient's Age | 28Y 1M 29D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8664 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Serum Bilirubin (Total) | 0.63 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 27 U/L | Up to 40 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 Technologis
Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA23090281 | Received Date | 07/09/2023 |
| Patient's Name | MD AL NASIBUL HASAN | | |
| Patient's Age | 28Y 1M 29D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8664 |
| Sample | BLOOD | | |

# SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HIV 1 & 2 (Method : (ICT) | Negative |
| 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

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| | | | |
|---|---|---|---|
| Bill No | DIA23090281 | Received Date | 07/09/2023 |
| Patient's Name | MD AL NASIBUL HASAN | | |
| Patient's Age | 28Y 1M 29D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/8664 |
| Sample | Urine | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | Straw | R B C | Nil |
| Appearance | Clear | Pus Cells | 0-1/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
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Associate Professor
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East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA23090281 | Received Date | 07/09/2023 |
| Patient's Name | MD AL NASIBUL HASAN | | |
| Patient's Age | 28Y 1M 29D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8664 |
| 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

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | | |
|---|---|---|---|---|---|
| *ID. No.* | : | 23090281 | Receive: Print: 07/09/2023 | | |
| *Patient's Name* | : | **MD AL NASIBUL HASAN** | | | |
| *Age* | : | 28 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 57 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: 185 07-09-2023 12:07:10

Mr. Abdul Kasibul Islam

Male 28 Years

| | | |
|---|---|---|
| HR | : 57 | bpm |
| P | : 116 | ms |
| PR | : 140 | ms |
| QRS | : 82 | ms |
| QT/QTc | : 402/392 | ms |
| P/QRS/T | : 49/70/-7 | ° |
| RV5/SV1 | : 1.743/0.702 | mV |

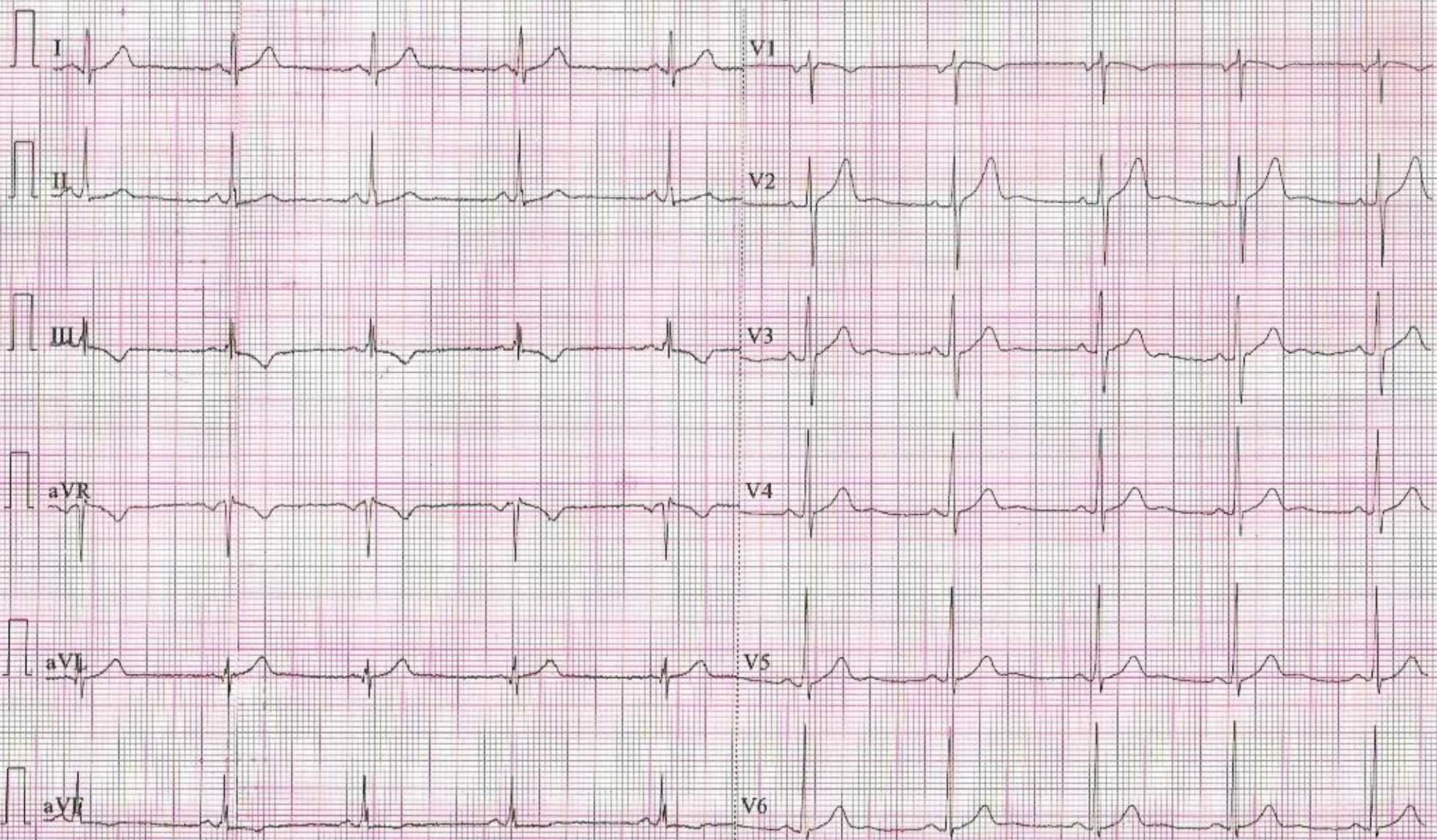
Diagnosis Information:

Sinus bradycardia

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:




0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥57 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23090281 | Receive:07/09/2023 | Print: 07/09/2023 |
| *Patient's Name* | : | **MD AL NASIBUL HASAN** | | |
| *Age* | : | 28 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.

| | | | |
|---|---|---|---|
| Patient ID | 23090281 | Voucher No | |
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 07/09/2023 |
| Patient Name | MD. AL NASIBUL HASAN | | |
| Age | 28 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 :- **Enlarged in size 15.7 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased** . 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 (10.5 x4.0)cm and uniform in echo-texture.

BOTH KIDNEYS :-Are normal in size RK-10.2 cm, LK-10.6 cm regular in shape. The cortical chogenicity 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: Is normal in size and volume , regular in shape.
Echogenicity is homogenous. No area of calcification is seen.

## IMPRESSION: Fatty change in liver. Grade-1

7.9.23

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

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

This is to certify that MD. AL NASIBUL HASAN date of birth 09-07-1995 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Nasibul Hasan.
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 ia datc indiquee.

| Date | Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur | Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' rc du lot | Official sump of vaccinating centre Cachet officicl du centre de vaccination |
|---|---|---|---|
| 1 07 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. | YELLOW FEVER VACCINE L NO DAKAR 6 | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 2 | | | |
| 3 | | | |
| 4 | | | |

This certificate is valid only if the vaccine used.has been approved by the world I Icalih 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 sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de.la vaccination ou, dans le cas dune reiaccination.u ou.. a -citc lie,iio,i a" dix ans lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA**

This is to certify that / JE Soussigne' (e) certifie que: MD. AL NASIBUL HASAN
date of birth / no' (e) le: 09-07-1995
Sex / sexe: Male.

Whose signature follows / dont 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 ia datc indiquee.

| Date | Signature and professional Status of Vaccinator / Signature et qualite profess-sionelle vaccinateur | Approved Stamp / Cechet d'authentiftcation |
|---|---|---|
| 07 SEP 2023 | 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. | CENTER FOR VACCINATION 35, Shah Makdum Avenue Uttara, Dhaka BANGLADESH<br>ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs |
| 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 evónt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins 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 perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvré unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d:;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' ùn pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection.

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaitc du territoire ou la vaccination est effectuee. j

Toute. correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.