

# INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

# Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

### Part 6

#### Annex D

## Minimum requirements for the medical examination of seafarers

Name (last, first, middle): ISLAM ASHI	RAFUL
Date of birth (day/month/year); 12 / 08/	1991 Sex: male •   female
Home address: MONTOLA, KHIDIRPU NARSINGDI, BANGLA	
Passport No./Discharge Book No.: A0264	46127 / CDC NO: C/O/5763
Type of ship (container, tanker, passenger,	fishing):
Trade area (e.g., coastal, tropical, worldwid	de):
Examinee's personal declaration (Assistance should be offered by medical s	taff)

#### Condition Yes No Condition 1. Eye/vision problem 18. Sleep problems 19. Do you smoke? 2. High blood pressure Heart/vascular disease 20. Operation/surgery 4. Heart surgery 21. Epilepsy/seizures Varicose veins 2. Dizziness/fainting Asthma/bronchitis Loss of consciousness

04.2023.4763

Have you ever had any of the following conditions.

7.	Blood disorder	D	9	24.	Psychiatric problems		Þ
8.	Diabetes		X,	25.	Depression		Z
).	Thyroid problem		1	26.	Attempted suicide	11	1
0.	Digestive disorder		10	27.	Loss of memory		1
1.	Kidney problem		Y	28.	Balance problem	EL.	V
2.	Skin problem	11	1/	29.	Severe headaches	EE	J
3.	Allergies		1/1	30.	Ear/nose/throat problems	[1]	V
4.	Infectious/contagious diseases		1	31.	Restricted mobility	0	J
5.	Hernia		1/2	32.	Back problems		L
6.	Genital disorders	1.1	1	33.	Amputation	136	4
7.	Pregnancy	1	VA	34.	Fractures/dislocations	11	4
		•	********				
far	y of the above questions were ans	wered	"ves" n	leave i	rive details		
	y at the moore questions were ans	werea	yes , p	rease ;	give details.		

## Additional questions

		1 65	110
35.	Have you ever been signed off as sick or repatriated from a ship?		8 /
36.	Have you ever been hospitalized?		
37.	Have you ever been declared unfit for sea duty?		2
38.	Has your medical certificate ever been restricted or revoked?		2
39.	Are you aware that you have any medical problems, diseases or illnesses?		d
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	1	
41.	Are you allergic to any medications?	П	7/

### Comments:

# FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription and the sound medications?



If yes,	please !	list the	medication	ıs taker	and t	the purp	ose(	s) and d	osage(s).		
- 4											
											100
I hereby	certify	that th	ne personal	declara	ition a	bove is	a tru	ie staten	nent to the	best of my	mowledge.
Signatu	re of ex	aminee	e: ASHRA	fur g	rslan	n_Date	(day	y/month	/year):	13 SEP 2023	
Witness	ed by: (	Signat	ture)	Tour		≥	Na	me: (Ty)	ped or pri	MBBS (DU), DFM, C BMDC A-5514 DG Shipping Ba General	MD. RAIHAN CD (Birdem), PGT (Ophth 14, MMC-BGD-016 angladesh Approved al Physician ospitals Limited.
	nstitutio									health profes the approved	
-1									13	SEP 2023	- 0.
Signatur	re of ex	amine	e: ASHFAI	FUL OF	suam	Date (	day/r	nonth/y		//	
Witness	ed by: (	Signai	ture)			2	Na	ame: <i>(T</i> )	ped or pr	DG Shipping B	MD. RAIHAN CD (Birdem), PGT (Ophth 44. MMC-BGD-016 angladesh Approve al Physician ospitals Limited.
Medica	l exami	inatior	1								
	e-sea		□•	Period	ic			□• Ot	her		
Sight											
			Visual	acuity							
	Unaic	led		Aided					Visua	al fields	
			Binocular			Binoci	ular		Normal	Defective	
	eye	eye		eye	eye			Right	/	$\gamma$	
Distant	616	666	· /	7				eye Left		7	
Near		- ^0	~ /	7				eye			
	VP	100			-						
Colour	vision:	□No	ot tested	e No	rmal	□ Doub	otful	□ Defe	ective		
Hearing	g										
	7										
			e and audio	metry	(thres	hold val	lues	in dB)	Speech	and whisper	test (metres)
	500 Hz	4,000 Hz	0 2,000 Hz	3,00 Hz	00	4,000 Hz	6,0 Hz	000 z		Normal	Whisper
T) 1 .	-	0	7-	_					Right ea	- /,	-
Right ear Left	20			2	0	STANK Radio	Hos	pilalis	Left ear	9	4

Height: 170	(cm)		Weight:	74	(kg)	
Pulse rate:	(/(minute)		Rhythm:	Eann	77	
Blood pressure:	Systolic:	120	(mm Hg)	Diastolic: _	75	(mm Hg)
Urinalysis:	Glucose:	ni/		Protein:	Ni	,
	Normal	Abnorma	1		Normal	Abnormal
Head	11	T)	Varicose veins			
Sinuses, nose, throat	10		Vascular (inc.	pedal pulses)		El
Mouth/teeth	1	115	Abdomen and		1	FT
Ears (general)	/		Hernia		/	11
Tympanic membrane			Anus (not recta	al exam )	1	ri
Eyes	1		G-U system		/2	F
Opthalmoscopy	1/2		Upper and low	er extremities		1
Pupils	1	L	Spine (C/S, T/S			1.1
Eye movement	//		Neurologic (fu		1	-
Lungs and chest		14	Psychiatric	ii orier)	//	n vat
Breast examination	NIA		General appear	-dhoo		1.1
Heart	Miller	D	General appear	ance	<b>*</b> 1	L
Skin						
Chest X-ray:	□ Not perf	ormed	Performed o	n (day/month/y	/ear): 13/S	EP 2023
Results:						
Results.	Organi	ul				
Other diagnostic test(	s) and result	(s):				
		11				
Test £	3/000	400	TO E Result	North	nal.	
Medical examiner's	comments:					
		FIT FO	R DUTY ON BOAR	D SHIP		
			/	$\overline{}$		
Vaccination	on status reco	orded:	Yes		• □ No	
	Ass	essment o	of fitness for servi	ce at sea		
On the besie of the		1 1 1		The second second second second		CIA STATE OF THE STATE OF

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



/ 1	it for look-out duty	• 🗆 Not fi	it for look-out duty		
	Deck service	Engine service	Catering service	Other services	
Fit		L	11	1.1	
Unfit	Ti		11	É	
Witho	out restrictions	With restrictions	.1.•		
Describe rest	rictions (e.g., specific	c position, type of	ship, trade area)		
Action taken	by medical examine				
Place of exan		SPITAL LIMITED ka, Bangladash Date of	examination (day/	month/year):1	3 SEP 202
Medical certi	ficate's date of expira	ation (day/month/y	/ear):	2 SEP 2025	
Official stam	p (also print name of	medical examine	if not leg DR);MIF	R. MD. RAIHA	7
Signature of	medical examiner:	Time	BMDC A-55 DG Shipp.ng Ger	5144, MMC-BGD-016 Bangladesh Approve eral Physician	)
Authorized b	v:DG8 HRM	Vi BANGI	monn	Hospitáls Limited etent authority)	

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For further information, please contact the Sectoral Activities Department (SECTOR) at Tel: Fax: or email: <a href="mailto:sector@ilo.org">sector@ilo.org</a>

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# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

	THE REPUBLIC OF LIBERIA	ANNEA 2
LAST NAME OF APPLICANT ISLAM	FIRST NAME	MIDDLE
DATE OF BIRTH	ASHRAFUL PLACE OF BIRTH	INITIAL SEX
MONTH 08 DAY 12 YEAR 199		
MONTH 08 DAY 12 YEAR 199 EXAMINATION FOR DUTY AS:	1 CITY NARSINGDI COUN MAILING ADDRESS OF APPL	TRY BANGLA MALE: FEMALE .
MASTER RATING		
MATE MOU DECI	MONTOLA, KHIDIRI	
ENGINEER MOU ENGI		SINGDI, BANGLADESH.
RADIO OFF SUPERNUN	MERARY	
MEDICAL EXAMINATION (SEE PAGE 2)	STATE DETAILS ON PAGE 2	
HEIGHT WEIGHT BLOOD PRESSUR	PULSE RESPIRATION	GENERAL APPEARANCE
VISION: RIGHT EYE	LEFTEYE /	allow
WITHOUT GLASSES WITH GLASSES	666	
DATE OF LAST COLOR VISION TEST (Month/Day/Ye	ar) 13 SEP 2023 Testing Required every 6 years	_
COLOR VISION MEETS STANDARDS IN STCW COD		
COLOR TEST TYPE: BOOK " LANTERN - CHECK II	-	RED GREEN BLUE
HEARING: 2 22	TELLOW	RED GREEN BLUE
RT. EAR /	LEFT EAR _	NATO
HEAD AND NECK	HEART (CARDIOVASCUI	AR) NAMM
LUNGS	SPEECH (DECK/NAVIGA	TIONAL OFFICER AND RADIO OFFICER)
Notana	IS SPEECH UNIMPAIRED	FOR NORMAL VOICE COMMUNICATION
EXPREMITIES:	nest	16
UPPER / VOID	LOWER_/	Volanie
IS APPLICANT SUFFERING FROM ANY DISEASE LI TO ENDANGER THE HEALTH OF OTHER PERSONS	ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEI	IM UNFIT FOR SERVICE AT SEA OR LIKELY DICAL EXAMINATION ON PAGE 2.
	100.	4,770
ASHRAFU ISUAM	13 SEP 2023	1 2 SEP 2025
SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
THIS SIGNATURE SHO	ULD BE AFFIXED IN THE PRESENCE OF THE EXAM	IINING PHYSICIAN.
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINA	TION WAS GIVEN TO: ASHRAFUL IS	LAM
	ITY ON BOARD SHIP (NAME OF A	PPLICANT)
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DE	ITY AS A: (MASTER MATE ENGINEER RADIO OF	SICER PATING MOUNECY MOURING
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DU SUPERNUMERARY). IF EMPLOYED AS A WA	TCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (N	OT FIT) FOR LOOKOUT DUTIES?
NAME AND DEGREE OF PHYSICIAN DR	. MIR MD. RAIHAN MBBS,DFM	
ADDRESS RADICAL HOSPITALS LIMIT		CTOR-12 ,UTTARA DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING	AUTHORITY DG SHIPPING BANGLAD	ESH
DATE OF ISSUE OF PHYSICIAN CERTIF		Have C.J.
///	*	E OF EXAMINATION 13 SEP 2023
SIGNATURE OF PHYSICIAN This certificate is issued by authority of the		
requirements of the Maritime Lab	Deputy Commissioner of Maritime Affairs, I your Convention, 2006 for the Medical Examina	t.L. and in compliance with the nation of Seafarers.
The Medical Certificate shall be valid for n	o more than two (2) years from the date of th	e-Examination for those over 18
years of age and for no more than	one (1) year for those under 18 years of age	AL TOOPING
RLM-105M (REV. 12/17) DR. MIR. MD M8BS (DU), DFM, CCD (B	). RAIHAN 1	
BMDC A-55144, M	IMC-BGD-016	Rer-MLG:2006) *
General Ph Radical Hospit	ysician	Department

#### 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 car 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/Navigational 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/navigational 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)

O1. Completed Physical Examination

02. Pathological Test

Radiological Test

04. Ophthalmology Examination For VA & CV

13 SEP 2023

As Per-Mill 2006

DR. MR. 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.

RLM-105M (REV, 12/17)



Bill No	DIA23090579	Received Date	13/09/2023
Patient's Name	ASHRAFUL ISLAM		
Patient's Age	32Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5763
Sample	BLOOD		

## SEROLOGYCAL REPORT

Test Name

Result

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

RADICAL HOSPITAL W

Checked By

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



Test Name

Bill No	DIA23090579	Received Date	13/09/2023
Patient's Name	ASHRAFUL ISLAM	THE STATE OF THE S	10/03/2023
Patient's Age	32Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5763
Sample	URINE		

Result

## DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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



## DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090579 Receive: Print: 13/09/2023

Patient's Name : ASHRAFUL ISLAM

Age : 32 YRS Sex : M

Refd. by Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

# **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 86 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)

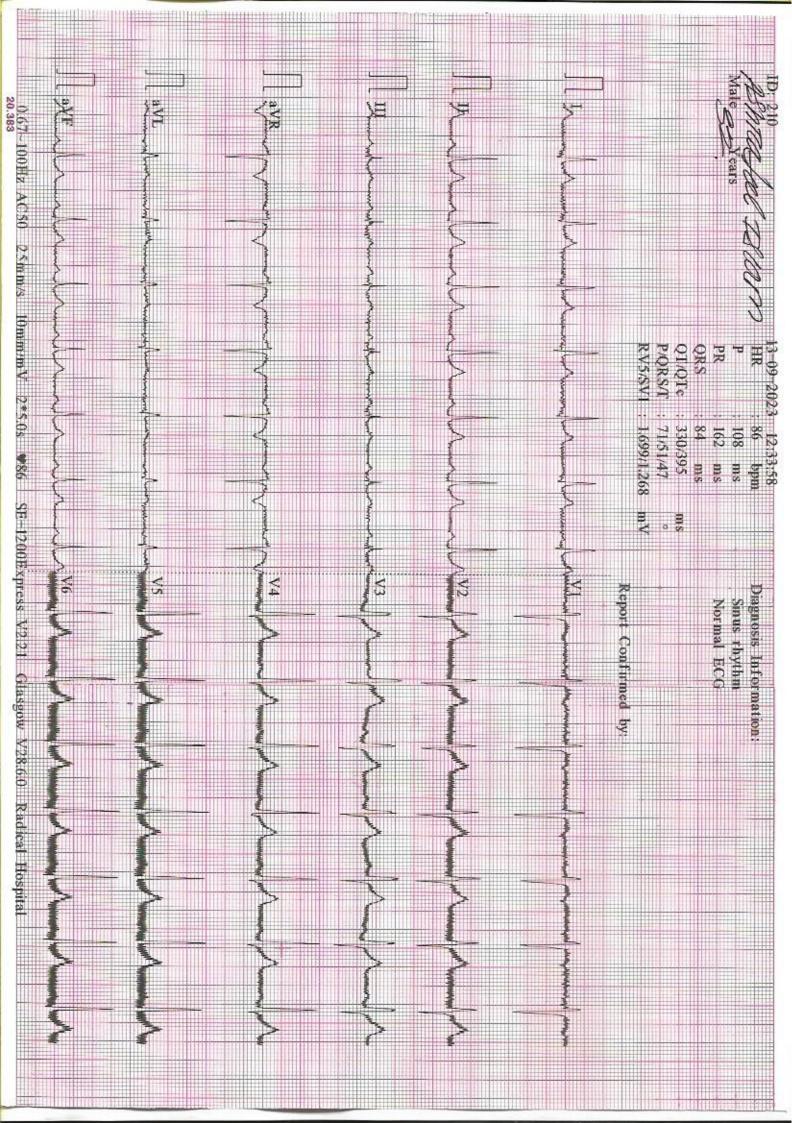
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

## TREADMILLSTRESS TEST

Patient ID	23090579	Test Date	13-09-202	23	
Patient Name	ASHRAFUL ISLAM	Age	32 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN		1		

Total Exercise Time

: 09:1 Min

Max.HR attained

: 166 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 166 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.10METS.

Priale

Indication

: Screening for IHD.

Risk Factors

.

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

0.00

Summary Result ⇒

Reason for Termina

NEGATIVE

Comments

- ASHRAFUL ISLAM performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR.
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN MBBS, MD (Cardiology), NICVD, Dhaka

Consultant, IBN SINA D-Lab, Uttara, Dhaka



Date: 13/09/2023

## EYE EXAMINATION REPORT

NAME:	ASHRAFUL ISLAM		
AGE:	32 YRS	RANK: 2 <sup>ND</sup> OFF	CDC NO:C/O/5763

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

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



Patient ID	23090579	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	13/09/2023
Patient Name	ASHRAFUL ISLAM		
Age	32 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.0cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: - Normal size regular in shape. Lumen is normal.

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE: Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN: - Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size. RK-8.6cm, LK-9.1cm The cortical echogenicity 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 within normal limit. No intravesicle lesion is seen Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

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

Occ -

# 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 JE Soussigne' (e) certifie qu	date of no' (e)	birth 12/08/199	ZSex MALE
Whose signature follows don't la signature suit	ASHBARUL	grunn	

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 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'	Official sump of vaccinating centre Cachet official du centre de vaccination
1,000,00	R. MTR. MD. RAIHA BS (DU), DFM, CCD (Birdam), PGT (Oph MDC A-55144, MMC-BGD-01 Shipp.ng Bangladesh Approvi General Physician Radical Hospitals Limited	DAKAR	Averue Uttara, Chaira
3			

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 revaccination.

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 lc vaccina employe" a c-' tc, 'a approve" par l' organisa\_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminstration sanitaire du (erriloire dans lcqucl'ce centre est siture;

. La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination

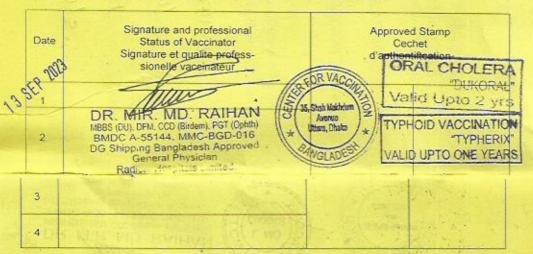
Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eorecijon 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	date of no' (e)	birth 12/02/1	998ex MALE
Whose signature follows dont la signature suit	The second secon	ascam	

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 datc indiquee,



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, 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 performed.

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

La validity dece certificate couvre une 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 cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlaire mention de deux injections partiquees a sept jours d'intervaile et sa validite cofilmence lejour de la seconde, injection:

De cachet d' authentification doit etre c\_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee, j

Toute correction ou rable sur le certificate ou J. o.; mission d' une quelconque des mantions qu'ilcomporte pe ut effectersa validite