

## ቶዝ የውስጥ ደዌ ልዩ ክሊኒክ TOZ Internal Medecine Speciality Center +251940581919 / +251910677432

										St	rial No	).	PAD	21224	1145		
		Name	Name Nationality			ANSHA HALID HUSSEN									30		
		Nationa				Ethiopian									EP8229834		
66		- 000	-00a										Female				
	57	Mez		7	8-Sep-94		_		J	Ser			remi	lle		J	
		NA-SOOT	Issue Date	0	2/12/2024				]								
N TO	. (	Majital	ptus	Ī	Married		[	Single			Divor	ced			Widowed		
- 10	4	CPRYF a	Splication	Γ					1	Job	Title	1	Hous	e Maio		٦	
SECTION 2: VI	al Data	( ) ( )		_					•							_	
Blood Pressure	CUI	744 14977		H	eight	155			ECG		1	norm	nal	ľΞ	abnormal	٦	
				_						_		Te be	=	-	ele	Ξ	
O. bea			lian maritan		Maint	164	_	_	vision		RT	6/6		LT	6/6 Normal	4	
Pulse		(egular)	irregular		Weight	61		_1	Ear		RT	Norn	iiai	LŢ	Normal	الـ	
SECTION 3: Clinical Examination/Lab Investigation																	
Clinical Examina	tion											_					
General appeara	4.0	NAD		7		Extrem	ities			NAD	)						
Respiratory System		NAD	NAD			Hernia				NAD				1.			
Cardio-vascular system		NAD				Varicose Veins				None							
Skin NAD																	
CNS		NAD	1.11														
Psychiatry		Normal		J													
Chest X-RAY		NAD						-	in the		_	Mig.				_	
Chest A-RAT		LABORATOR	V INVESTIG	ZA.	TION				Result		Stamp		it		Unfit	٦	
CBC	Norma	CARRY AND DESCRIPTION OF STREET	AT HAVESTIC	3/1	ION				Hos	pital	Stamy	4	1				
Malaria	Negativ		HBs		Ag Negat			tive			77	1	3				
FBS	Normal		нс			Negative			ig	11	135	<i>۵</i> ۱	3	1			
Blood Group	A+ve		HIV	8	& 2 Negative			<b>-</b> 1 1	MEDICINE	1/4	3/	2)	33				
Stool	Normal		VD					<b>-</b> 1	m	13	CT.	IJ	°.	/			
Urine	Normal		LF		T Normal			7	SONTERNA CALIZED				4				
Preg-test	t Negative		RF			Norm	Normal			-	ALIZE	00					
DECLARATION																	
	I hear by	permit TOZ In	ternal Medic	cier	Speciality	Clinic a	nd th	e unders	igned p	hysic	ian to	furnis	h suci	h infor	mation		
	the com	pany may nee	d pertaining	to	my health s	tatus ar	d oth	er pertin	ent and	i me	dical fi	nding	s and	do hea	rby		
		them from any															
legal responsibil				me	dical histor	y conta	ined	above is	true an	d any	false :	staten	nent v	will dis	qualify		
me from my em	ployinet	t benefits and	paims.														
IDr [	*****	Nebily Girm	a	d	eclare that	all info	matic	on given	is true.					fe.	<b>ଟେବ</b> ର		
Signature General Practitioner				Date 02/12					12/2024								
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