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Ethiopia

Hayyama Konkolaachisummaa
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Driving License

የፈቃድ ቁጥር 22-010330

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የልደት ቀን	16/8/1990
የተሰጠበት ቀን	9/5/2010 O+
አገ/የሚያበቃበት ቀን	16/3/2018
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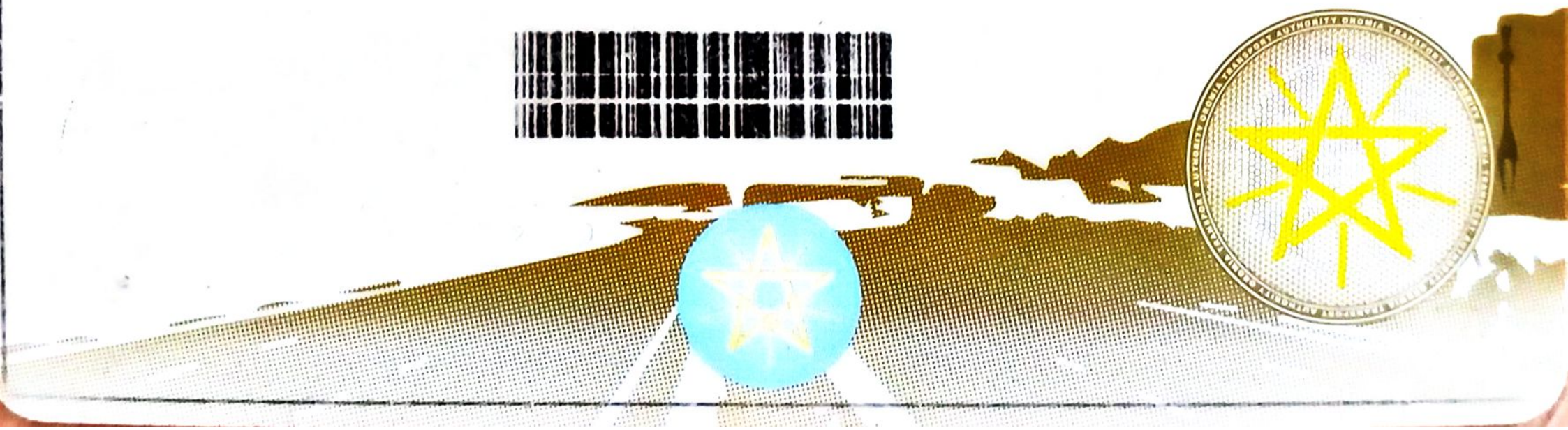

MEDICAL CERTIFICATE

Bul/Magaalaa Adaamati, Buufaata Egumsaa Fayyaa Anoolee

Adama Town Administration, Anole Health Center

Ref.No B/Anole/299/ዋ2/18

Date 06/02/18

Name Muaz Naser

Sex M Date of Birth 1990

Occupation _____ Date of Examination 06/02/2018

Grand and category of Driving Licensee Requested ☐

M1	M2	A	T1	T2	P1	P2	P3	FD1	FD2	FD3	FL1	FL2	SM1	SM3
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Examination On

	Normal L	Normal R	Defective L	Defective R
1. Vision Test	✓	✓		
2. Sound Perception	✓	✓		
3. Epilepsy	✓			
4. Mental Defect	✓			
5. Blood Test	✓			
6. Diabetes Test	✓			
7. Urine and Kidney	✓			

Remark

Blood group O+

RBS

U/A

Micro RBC

WBC NAD

WBC w.h diff count

HCT/Hgb

B/P 106/8 mmHg

Physical Examination

NAD

Fitness Recommendation

☐ Fit drive all vehicles

☐ Fit to Drive _____ Category (Be granted) _____ with the following

Restriction on Conditions _____

☐ Totally unfit

Name of Examiner (HO / Doctor) _____ Signature _____

Dajan Birhanu