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|-----------------------------------|--|
| <b>Name:</b> Bashir Abdi Muse     | <b>Exam Date:</b> 01/11/2022   |
| <b>Employee No. #:</b> 107        | <b>Exam Type:</b> General  |
| <b>Blood Type &amp; Group:</b> O+ | <b>DFAC or Potable Water Employee?</b> <input type="checkbox"/>                                  |
| <b>Job Title:</b> Plumber         | <b>Validity:</b> 6 months <input type="checkbox"/> 12 months <input checked="" type="checkbox"/> |

The above-named individual completed the required physical examination and has received all required immunizations in accordance with ACI 4200.09 Force Health Protection Requirements and Medical Guidance for AFRICOM AOR, and was determined to be:

**FIT FOR DUTY**

Medical evaluation included assessment for active pulmonary tuberculosis by chest x-ray. This declaration certifies that no evidence of active pulmonary tuberculosis was found, and that an x-ray assesment has been performed.

**SCREENING & IMMUNIZATION REPORT**

The following tests and immunizations have been performed on the date specified.

| Annual Medical Tests     |                 |                                     | Immunizations |                 |                          |
|--------------------------|-----------------|-------------------------------------|---------------|-----------------|--------------------------|
|                          | Date (mm/dd/yy) |                                     |               | Date (mm/dd/yy) | Validity                 |
| (X Ray) Tuberculosis (m) | 01/11/2022      | <input checked="" type="checkbox"/> | Yellow Fever  |                 | Lifetime                 |
| H.I.V                    |                 | <input type="checkbox"/>            | Tuberculosis  |                 | 15 Years                 |
| Typhoid                  |                 | <input type="checkbox"/>            | DPT           |                 | 10 Years                 |
| Hepatitis A (m)          | 01/11/2022      | <input checked="" type="checkbox"/> | Typhoid       |                 | 2 Years (then booster)   |
| Hepatitis B (m)          | 01/11/2022      | <input checked="" type="checkbox"/> | Hepatitis A   |                 | Lifetime after 2-4 doses |
| Shigella                 |                 | <input type="checkbox"/>            | Hepatitis B   |                 | 20 Years after 3 doses   |
| Salmon                   |                 | <input type="checkbox"/>            | MMR           |                 | Lifetime after 2 doses   |
|                          |                 |                                     | Influenza     |                 | 1 Year (Annual)          |
|                          |                 |                                     | Varicella     |                 | 10 Years after 2 doses   |
|                          |                 |                                     | Polio         |                 | 10 Years                 |
|                          |                 |                                     | Malaria       |                 | Various (depending type) |

ATTACH FFD FORM B AND FORM C FOR SUBSEQUENT DOSES AND BOOSTERS IAW VALIDITY AND FULL IMMUNIZATION

The above-named individual has been provided a current copy of their immunization record during their physical exam. This Medical Fitness Declaration and immunization verification is invalid without attached original immunization record or copy thereof.

Dr. Abdulkadir Isse Diriye

Physician Name

Mogadishu City Hospital

Medical Center/Hospital Name

Physician's Signature

Facility Stamp



This declaration was made on 01/11/2022 and IAW Force Health Protection Requirements and Medical Guidance for Entry into the AFRICOM AOR, Enclosure B, Section 1.c.e.3, is valid for a period not to exceed twelve months from date of exam listed above.

### CHEST X-RAY FINDINGS

**FULL NAME:** Bashir Abdi Muse

**PASSPORT NO:** P01141423

**DATE OF CHEST X-RAY:** 01 NOVEMBER 2022

**X-RAY NUMBER:** RI1316

**COMMENT**

| ITEM   | NORMAL | ABNORMAL | COMMENT |
|--|--------|----------|---------|
| Thoracic cage                                    | ✓      |          |         |
| Heart shape and size                             | ✓      |          |         |
| Mediastium and HILA                              | ✓      |          |         |
| Pleura/Hemdiaphragms/<br>and costophrenic angles | ✓      |          |         |
| Focal lesion                                     | ✓      |          |         |
| Any other abnormalities                          | ✓      |          |         |
| Impression                                       | ✓      |          |         |





