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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-240425102



Name	AMINA KEMAL JOBIR	Age	40
Nationality	Ethiopian	Passport No.	EQ1923483
DOB	11-Sep-85	Sex	Female
Passport Issue Date	24/04/2025		
Marital Status	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
CPR/F application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	120/80	Height	162	ECG	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
Pulse	<input type="checkbox"/> regular <input checked="" type="checkbox"/> irregular	Weight	85	vision	RT 6/6 LT 6/6
				Ear	RT Normal LT Normal

SECTION 3: Clinical Examination/Lab Investigation

Clinical Examination

General appearance	NAD	Extremities	NAD
Respiratory System	NAD	Hernia	NAD
Cardio-vascular system	NAD	Varicose Veins	None
Skin	NAD		
CNS	NAD		
Psychiatry	Normal		

Chest X-RAY	NAD
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Result ☒ Fit ☐ Unfit

LABORATORY INVESTIGATION

CBC	Normal	HBsAg	Negative
Malaria	Negative	HCV	Negative
FBS	Normal	HIV 1 & 2	Negative
Blood Group	O +ve	VDRL	Non-Reactive
Stool	Normal	LFT	Normal
Urine	Normal	RFT	Normal
Preg-test	Negative		

Hospital Stamp



DECLARATION

I hear by permit ZAK Internal Medicine Speciality Center and the undersigned physician to furnish such information the company may need pertaining to my health status and other pertinent and medical findings and do hereby release them from any and all

legal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify me from my employment benefits and claims

I Dr  declare that all information given is true.

Signature  Date 24/04/2025



Not for UAE