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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-230525296



Name ZARA MUHAMMED ALI

Age 37

Nationality Ethiopian

Passport No. EQ2081200

DOB 17-Oct-88

Sex Female

Passport Issue Date 23/05/2025

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/F application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 100/80

Height 151

ECG ☒ normal ☐ abnormal

Pulse ☒ regular ☐ irregular

Weight 41

vision RT 6/6 LT 6/6
Ear RT Normal LT Normal

SECTION 3: Clinical Examination/Lab Investigation

Clinical Examination

General appearance	NAD
Respiratory System	NAD
Cardio-vascular system	NAD
Skin	NAD
CNS	NAD
Psychiatry	Normal

Extremities	NAD
Hernia	NAD
Varicose Veins	None

Chest X-RAY NAD

Result ☒ Fit ☐ Unfit

LABORATORY INVESTIGATION

CBC	Normal
Malaria	Negative
FBS	Normal
Blood Group	A +ve
Stool	Normal
Urine	Normal
Preg-test	Negative

HBsAg	Negative
HCV	Negative
HIV 1 & 2	Negative
VDRL	Non-Reactive
LFT	Normal
RFT	Normal

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 23/05/2025



Not for UAE