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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-190525067



Name MEDINA AHMED WOLDE

Age 23

Nationality Ethiopian

Passport No. EP7376690

DOB 13-Mar-02

Sex Female

Passport Issue Date 19/05/2025

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/F application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 120/80

Height 172

ECG ☒ normal ☐ abnormal

Pulse ☒ regular ☐ irregular

Weight 70

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 | O +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 19/05/2025



NOT FOR UAE