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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-111124159



Name ADDIS TAYE ROBA

Age 30

Nationality Ethiopian

Passport No. EP6643152

DOB 29-Sep-94

Sex Female

Passport Issue Date 11/11/2024

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/F application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 114/74 Height 159 ECG ☒ normal ☐ abnormal
Pulse ☒ regular ☐ irregular Weight 50 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	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



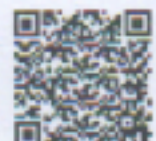
DECLARATION

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 11/11/2024



NOT FOR UAE