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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-260525351



Name **FATUMA JEMALE HASHIM**  
Nationality **Ethiopian**  
DOB **22-Jul-88**  
Passport Issue Date **26/05/2025**  
Marital Status ☐ Married ☒ Single  
CPR/F application

Age **37**  
Passport No. **EP7575975**  
Sex **Female**  
☐ Divorced ☐ Widowed  
Job Title **House Maid**

## SECTION 2: Vital Data

Blood Pressure **114/75** Height **156** ECG ☒ normal ☐ abnormal  
Pulse **regular** ☐ irregular Weight **45**  
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	B -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

Signature

declare that all information given is true.

Date

26/05/2025



Not for UAE