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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854



Serial No. QA-161224207

Name DIRIBE EJARA DEBELA

Age 23

Nationality Ethiopian

Passport No. EP8596556

DOB 19-Feb-01

Sex Female

Passport Issue Date 16/12/2024

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

Application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 100/70

Height 160

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	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 hereby 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 16/12/2024

Dr. Zekaria Abduhamid
Medical Director



Not for Use