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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-161224207



Name: DIRIBE EJARA DEBELA
 Nationality: Ethiopian
 DOB: 19-Feb-01
 Passport Issue Date: 16/12/2024
 Marital Status: Married Single
 Application: _____

Age: 23
 Passport No.: EP8596556
 Sex: Female
 Divorced Widowed
 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	Extremities	NAD
Respiratory System	NAD	Hernia	NAD
Cardio-vascular system	NAD	Varicose Veins	None
Skin	NAD		
CNS	NAD		
Psychiatry	Normal		

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 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 Abdulhamid
Medical Director



Not for Use