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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-030525159

Name HANA AYALKEBET GOSHU

Age 30

Nationality Ethiopian

Passport No. EQ2162131

DOB 17-Feb-95

Sex Female

Passport Issue Date 03/05/2025

Marital Status

☐ Married

☒ Single

☐ Divorced

☐ Widowed

CPR/E Application

Job Title

House Maid

SECTION 2: Vital Data

Blood Pressure

100/80

Height

165

ECG

☒

normal

☐ abnormal

Pulse

☒ regular

☐ irregular

Weight

60

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 A +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

03/05/2025



NOT FOR UAE

