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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-161224209



Name MAHLAT MULGATA HAILEMESKEL

Age 33

Nationality Ethiopian

Passport No. EP4367425

DOB 27-Dec-91

Sex Female

Passport Issue Date 16/12/2024

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/A application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 108/78 Height 160

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 [Signature] declare that all information given is true.

Signature

Date 16/12/2024

