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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-060125137



Name	ZEBIBA HUSSEN ALI	Age	34
Nationality	Ethiopian	Passport No.	EP9113977
DOB	01-Jan-91	Sex	Female
Passport Issue Date	06/01/2025	Marital Status	☐ Married ☒ Single ☐ Divorced ☐ Widowed
Medical application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	110/75	Height	165	ECG	☒ normal ☐ abnormal
Pulse	Regular	Weight	65	vision	RT 6/6 LT 6/6
	irregular			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		



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 hearby 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 06/01/2025



NOT FOR UAE