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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-181124052



Name	NARDOS MENGISTU HANDISO	Age	24
Nationality	Ethiopian	Passport No.	EP7485906
DOB	06-Mar-00	Sex	Female
Passport Issue Date	18/11/2024		
Marital Status	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Ref. Application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	120/60	Height	157	ECG	<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
Pulse	Regular	Weight	56	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	<input checked="" type="checkbox"/> Fit <input type="checkbox"/> Unfit
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LABORATORY INVESTIGATION

CBC	Normal	HBsAg	Negative
Malaria	Negative	HCV	Negative
FBS	Normal	HIV 1 & 2	Negative
Blood Group	A +ve	VDRL	Non-Reactive
Stool	Normal	LFT	Normal
Urine	Normal	RFT	Normal
Preg-test	Negative		

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 [Signature] Date 18/11/2024



NOT FOR UAE