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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-180125035



Name ALEM MULUKEN ABATE
Nationality Ethiopian
DOB 20-Dec-87
Passport Issue Date 18/01/2025
Marital Status ☐ Married ☒ Single
CPB/F Application

Age 38
Passport No. EP9242849
Sex Female
☐ Divorced ☐ Widowed
Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 110/70 Height 158 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
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 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

declare that all information given is true.

Signature

Date 18/01/2025

