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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-021224176

Name	NIGATA MULYE TAFESE	Age	36
Nationality	Ethiopian	Passport No.	EP8327762
DOB	30-Jan-88	Sex	Female
Passport Issue Date	02/12/2024		
Marital Status	☐ Married ☑ Single	☐ Divorced	☐ Widowed
CPR/F application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	120/80	Height	156	ECG	✓ normal / abnormal
Pulse	regular / irregular	Weight	58	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

LABORATORY INVESTIGATION

CBC	Normal
Malaria	Negative
FBS	Normal
Blood Group	O +ve
Stool	Normal
Urine	Normal
Preg-test	Negative

HBsAg	Negative
HCV	Negative
HIV 1 & 2	Negative
VDRL	Non-Reactive
LFT	Normal
RFT	Normal

Result ☑ Fit ☐ Unfit

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 02/12/2024

Dr. Zekaria Abdulhamid Medical Director

NOT FOR UAE