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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-091224324



Name HAISHA NURI MENSUR

Age 39

Nationality Ethiopian

Passport No. EP9047812

DOB 09-Dec-85

Sex Female

Passport Issue Date 09/12/2024

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/E application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 120/80

Height 154

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 09/12/2024



NOT FOR UAE