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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-100125120



Name FANAYE MESHESHA WOLDEMARIAM

Age 45

Nationality Ethiopian

Passport No. EP9013022

DOB 11-Sep-80

Sex Female

Passport Issue Date 10/01/2025

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPB/P Application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 114/74 Height 167 ECG ☒ normal ☐ abnormal

Pulse regular irregular Weight 80 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	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		

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 10/01/2025

