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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854



Serial No. PR-171224077

Name: MEBRATE CHALEW ABABU
Nationality: Ethiopian
DOB: 18-Jan-90
Passport Issue Date: 17/12/2024
Marital Status: ☐ Married ☒ Single
PR Application: ☐

Age: 34
Passport No.: EP8460992
Sex: Female
☐ Divorced ☐ Widowed
Job Title: House Maid

SECTION 2: Vital Data

Blood Pressure: 103/73 Height: 162 ECG: ☒ normal ☐ abnormal
Pulse: ☒ regular ☐ irregular Weight: 55
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

Dr.  declare that all information given is true.

Signature:  Date: 17/12/2024



NOT FOR UAE