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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-100125018



Name EMEBET ESHETU SHARKA

Age 29

Nationality Ethiopian

Passport No. EP8091028

DOB 29-Apr-96

Sex Female

Passport Issue Date 10/01/2025

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

CPR/F application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 114/78 Height 166

ECG ☒ normal ☐ abnormal

Pulse regular irregular Weight 51

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 | O +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

declare that all information given is true.

Signature

Date 10/01/2025

