

## ዛክ የውስጥ ደዌ ልዩ ክሊኒክ ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Vision   RT   6/6   LT   6/6										10000	242
Nationality Ethiopian Passport No. EP9354965  DOB 11-Sep-85 Sex Female  Passport Issue Date 10/03/2025  Divorced Job Title House Maid  SECTION 2: Vital Data  CREG. Application Weight 70 ECG. Normal LT Normal  SECTION 3: Clinical Examination/Lab Investigation  Clinical Examination  General appearance NAD Respiratory System NAD Clinical Examination  Seneral appearance NAD Hernia NAD Clinical Examination  Seneral appearance NAD Hernia NAD Varicose Veins None  Skin NAD NAD Psychiatry Normal  Chest X-RAY NAD Respiratory Normal  Chest X-RAY NAD Respiratory Normal  Chest X-RAY NAD Respiratory Normal  Chest X-RAY Normal Norma							5	erial No.	QA-	100325	312
DOB    11-Sep-85   Sex   Female			Name	ABEBEC				Age		40	
Passport Issue Date    Divorced			Nationality	Ethiopia				Passport No.			EP9354965
Miles   Mile			DOB	11-Sep-	85		Se	ex	Fem	ale	
Blood Pressure 2 126/80 S Height 165 ECG / normal abnormal vision RT 6/6 LT 6/6 Ear RT Normal LT Normal SECTION 3: Clinical Examination/Lab Investigation  Clinical Examination  General appearance NAD Extremities NAD Hernia NAD Varicose Veins None  Skin NAD Varicose Veins None  CNS NAD NORMAL NOR			Passport Issue Date	e 10/03/2	025		ī				
SECTION 2: Vital Data  Section 1: Vital Data  Section 2: Vital Data  Section 3: Clinical Examination/Lab Investigation  Clinical Examination  General appearance Sespiratory System NAD Cardio-vascular system NAD Cardio-vascular system NAD Cardio-vascular system NAD Chest X-RAY NAD Chest X-RAY NAD Malaria Negative FBS Normal Malaria Negative FBS Normal Malaria Negative FBS Normal Mormal	E TAN		g Marital Status	Mari	ried	✓ Single		Divorce	ed		Widowed
Blood Pressure 120/8g		1 2 0 C	The state of the s				Jo	b Title	Hou	se Maio	1
Pulse   Weight   TO   Far   RT   Normal   LT   Normal   NAD   Normal   LT   Normal   Negative   HBSAg   Negative   HCV   Negative   HCV   Negative   HCV   Normal   Normal   Normal   LT   Normal   Normal   Normal   LT   Normal   Normal   LT   Normal   Normal   LT   Normal   Normal   Normal   Normal   LT   Normal   Nor	SECTION 2: Vit	tal Data									
Pulse Weight 70  Ear RT Normal LT Normal  SECTION 3: Clinical Examination/Lab Investigation  Clinical Examination  General appearance NAD Respiratory System NAD Hernia NAD Waricose Veins None  Skin NAD Waricose Veins None  Chest X-RAY NAD Result Fit Unfit  LABORATORY INVESTIGATION  CBC Normal HCV Negative HIV1 & 2 Negative HIV1 & 2 Negative Stool Normal LFT Normal Preg-test Negative RFT Normal  Fit Unfit Wormal  CECLARATION  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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify e from my employment benefits and claims.	Blood Pressure	3	120/80	Height	165		ECG	1	normal		abnormal
Pulse    Pulse		18 2 3 S	3.5				vision	RT I	6/6	TIT	6/6
SECTION 3: Clinical Examination/Lab Investigation  Clinical Examination  General appearance NAD Hernia NAD  Cardio-vascular system NAD  Cardio-vascular system NAD  CNS NAD  CNS NAD  CNS NAD  Chest X-RAY  NAD  Chest X-RAY	Pulse	1181 38	570	Weigl	ht 70			_			
Clinical Examination  General appearance NAD Respiratory System NAD Cardio-vascular system NAD Constant NAD C	SECTION 3: CI										
Respiratory System NAD Cardio-vascular system NAD Corns				,							
Respiratory System NAD Cardio-vascular system NAD Corns	General annear	ance	INAD	7	Evtromit	05	INA	D		1	
Cardio-vascular system NAD  Skin NAD  CNS NAD  Psychiatry Normal  Chest X-RAY NAD  Chest X-						62				-	
Chest X-RAY NAD  Chest						Veins				-	
Chest X-RAY NAD  Chest X-RAY NAD  Chest X-RAY NAD  CBC Normal  Malaria Negative FBS Normal  Blood Group A +ve Cstool Normal  Urine Normal  Crine Normal  Chest X-RAY NAD  HBSAG Negative HCV Negative HCV Negative VDRL Non-Reactive Urine Normal  LFT Normal  CFG-test Negative  CECLARATION  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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify e from my employment benefits and claims.	Skin				Varicose	veins		iic .			
Chest X-RAY    NAD	CNS										
LABORATORY INVESTIGATION  CBC   Normal   HasAg   Negative   HCV   Negative   HIV 1 & 2   Negative   Normal   Negative   Normal   LFT   Normal   Negative   LFT   Normal   Negative   Negative   Negative   Negative   LFT   Normal   Negative   Ne	Psychiatry										
LABORATORY INVESTIGATION  CBC   Normal   HasAg   Negative   HCV   Negative   HIV 1 & 2   Negative   Normal   Negative   Normal   LFT   Normal   Negative   LFT   Normal   Negative   Negative   Negative   Negative   LFT   Normal   Negative   Ne											
LABORATORY INVESTIGATION  CBC   Normal   Malaria   Negative   FBS   Normal   Blood Group   A +ve   Stool   Normal   Urine   Normal   Dreg-test   Negative   FFT   Normal   RFT   Normal   ECLARATION    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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify to my employment benefits and claims.  Dr   Weclare that all information given is true.	Chest X-RAY		NAD				Result		√ Fit		Unfit
Malaria Negative FBS Normal Blood Group A +ve Stool Normal Urine Normal Preg-test Negative Thear 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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify to my employment benefits and claims.  Or Megative  HCV Negative HIV 1 & 2 Negative VDRL Non-Reactive VDRL Non-Reactive Unine Normal RFT Normal		LA	ABORATORY INVEST	IGATION					100	0	- Ollit
FBS Normal Blood Group A +ve Stool Normal Urine Normal Preg-test Negative  HIV 1 & 2 Negative  VDRL Non-Reactive  LFT Normal  RFT Normal  FECLARATION  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  gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify e from my employment benefits and claims.	CBC						ноѕріта		80-11-1	18 00	A
Blood Group A +ve Stool Normal Urine Normal Preg-test Negative  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  gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify the from my employment benefits and claims.  Or Declare that all information given is true.			Н	BsAg	Negative			1	700	30	3
VORL   Non-Reactive   LFT   Normal   RFT   Normal   RFT   Normal   RFT   Normal   Negative   RFT   Normal   RFT   Normal   Negative   RFT   Normal   Negative   RFT   Normal   Negative   RFT   Normal   Negative   Negati		21510000			Negative					1/1/2	, 로
Urine Normal  Dreg-test Negative RFT Normal  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  gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify the from my employment benefits and claims.  Or declare that all information given is true.			HIV	/1&2	Negative	2		Je C		5/	0
Preg-test Negative RFT Normal    Contact   Con			\	/DRL	Non-React	ive		11/20	7 37	M	0
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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify the from my employment benefits and claims.  Or declare that all information given is true.				LFT	Normal			lill'o	AT Inte	Tenans &	2/
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 gal responsibility by doing so I also certify that my medical history contained above is true and any false statement will disqualify the from my employment benefits and claims.  Or declare that all information given is true.	Preg-test	Negative		RFT	Normal			1.5	Ccialty	Clinic	
gnature Date 10/03/2025	egal responsibili	release then ity by doing s	y may need pertainin n from any and all so I also certify that m	g to my hea	olth status and	other perti	inent and m	edical fir	ndings and	d do he	arby
gnature Date 10/03/2025	ie from my emp	pioyment bei	nents and claims.	· c							
gnature Date 10/03/2025	Dr [			declare	that all inform	nation giver	n is true.				
In All ris Aborector	Signature		o hille	Whamio	Date	10/0	03/2025			- A	
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