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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-060525101



Name WEYENESHET ALEMU TOLAA  
Nationality Ethiopian  
DOB 01-Dec-86  
Passport Issue Date 06/05/2025  
Marital Status ☐ Married ☒ Single  
CPR/E application

Age 39  
Passport No. EQ1018334  
Sex Female  
☐ Divorced ☐ Widowed  
Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 120/80 Height 158  
Pulse regular irregular Weight 60

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  
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 [Signature] declare that all information given is true.

Signature [Signature]

Date 06/05/2025



NOT FOR UAE