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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854



Serial No. QA-100125171

Name URIGO DIDA BEYENE

Age 30

Nationality Ethiopian

Passport No. EP7069810

DOB 08-Oct-95

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 110/70 Height 159

ECG ☒ normal ☐ abnormal

Pulse regular irregular Weight 40

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 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 [Signature] declare that all information given is true.

Signature [Signature] Date 10/01/2025



Not for UAE