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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-060125249



Name: HASINA HUSEN ABOULE
Nationality: Ethiopian
DOB: 05-Oct-86
Passport Issue Date: 06/01/2025
Marital Status: ☐ Married ☒ Single
CPR/A application: ☐

Age: 39
Passport No.: EP7183186
Sex: Female
☐ Divorced ☐ Widowed
Job Title: House Maid

SECTION 2: Vital Data

Blood Pressure: 112/78 Height: 161
Pulse: Regular Irregular Weight: 46

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

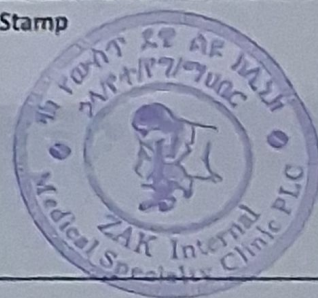
Result: ☒ Fit ☐ Unfit

LABORATORY INVESTIGATION

CBC: Normal
Malaria: Negative
FBS: Normal
Blood Group: 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

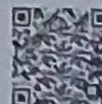
I hear by permit ZAK Internal Medicine Speciality Center and the undersigned physician to furnish such information the company may need pertaining to my health status and other pertinent and medical findings and do hereby release them from any and all

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.

I Dr.  declare that all information given is true.

Signature

Date: 06/01/2025



NOT FOR I/AE