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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-150125234

Name DERARTU ALIY HIRBAYE

Age 35

Nationality Ethiopian

Passport No. EP6934158

DOB 14-Apr-90

Sex Female

Passport Issue Date 15/01/2025

Marital Status ☐ Married ☒ Single

☐ Divorced ☐ Widowed

PR/F application

Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 117/74

Height 171

ECG ☒ normal ☐ abnormal

Pulse ☒ regular ☐ irregular

Weight 50

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 [Signature] declare that all information given is true.

Signature

Date 15/01/2025



NOT FOR USE