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ZAK INTERNAL MEDICINE SPECIALITY CLINIC
+251900454700/+251911213854

Serial No.	QA-280325061

Name	SEADA JEMAL ESMO	Age	39
Nationality	Ethiopian	Passport No.	EP7145306
DOB	25-Jun-86	Sex	Female
Passport Issue Date	28/03/2025		
Marital Status	☐ Married ☑ Single	☐ Divorced	☐ Widowed
CPR/Reapplication		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure		Height	163	ECG	✓ normal		abnormal
				vision	RT	6/6	LT	6/6
Pulse	(regular) irregular	Weight	65	Ear	RT	Normal	LT	Normal

SECTION 3: Clinical Examination/Lab Investigation

Clinical Examination

General appearance	NAD	Extremities	NAD
Respiratory System	NAD	Hernia	NAD
Cardio-vascular system	NAD	Varicose Veins	None
Skin	NAD		
CNS	NAD		
Psychiatry	Normal		

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

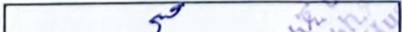| HBsAg	Negative
HCV	Negative
HIV 1 & 2	Negative
VDRL	Non-Reactive
LFT	Normal
RFT	Normal

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 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 _____ declare that all information given is true.

Signature _____   Date 28/03/2025

Dr.Fethiya Haji Hussen
General Medical Practitioner

NOT FOR UAE