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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-140425143



Name NEIMA MUHAMMED YIMER
Nationality Ethiopian
DOB 06-Mar-97
Passport Issue Date 14/04/2025
Marital Status ☐ Married ☒ Single
CPR/E application

Age 28
Passport No. EP6503901
Sex Female
☐ Divorced ☐ Widowed
Job Title House Maid

SECTION 2: Vital Data

Blood Pressure 120/80 Height 165 ECG ☒ normal ☐ abnormal
Pulse regular irregular Weight 55 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 [Signature]

Date 14/04/2025



Not for