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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-181224152

Name	DINKNESH ELYAS WOLDE	Age	32
Nationality	Ethiopian	Passport No.	EP7445065
DOB	27-Feb-92	Sex	Female
Passport Issue Date	18/12/2024		
Marital Status	☐ Married ☑ Single	☐ Divorced	☐ Widowed
CPR/E application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	120/80	Height	148	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
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

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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 18/12/2024

NOT FOR UAE