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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. PR-121124130



Name: ASTER DEJENE HAILU
Age: 30
Nationality: Ethiopian
Passport No.: EP6664750
DOB: 11-Sep-94
Sex: Female
Passport Issue Date: 12/11/2024
Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Widowed
CPR/F application: ☐
Job Title: House Maid

SECTION 2: Vital Data

Blood Pressure: 110/70 Height: 161 ECG: ☒ normal ☐ abnormal
Pulse: ☒ regular ☐ irregular Weight: 40 vision: RT 6/6 LT 6/6
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	HBsAg	Negative
Malaria	Negative	HCV	Negative
FBS	Normal	HIV 1 & 2	Negative
Blood Group	A +ve	VDRL	Non-Reactive
Stool	Normal	LFT	Normal
Urine	Normal	RFT	Normal
Preg-test	Negative		


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: 12/11/2024



NOT FOR UAE