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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. QA-280125323



Name: BETELYEM DACHEW YIDAW  
Age: 37  
Nationality: Ethiopian  
Passport No.: EQ1408646  
DOB: 20-Sep-88  
Sex: Female  
Passport Issue Date: 28/01/2025  
Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Widowed  
GPR/F application: ☐  
Job Title: House Maid

SECTION 2: Vital Data

Blood Pressure: 110/78  
Height: 163  
ECG: ☒ normal ☐ abnormal  
Pulse: regular ☐ irregular  
Weight: 65  
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

|             |          |           |              |
|-------------|----------|-----------|--------------|
| ●           | Normal   | HBsAg     | Negative     |
| Malaria     | Negative | HCV       | Negative     |
| FBS         | Normal   | HIV 1 & 2 | Negative     |
| Blood Group | O +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: 28/01/2025



NOT FOR UAE