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ZAK INTERNAL MEDICINE SPECIALITY CLINIC

+251900454700/+251911213854

Serial No. JO-240225057

Name	KIDIST KUFEBO GELETO	Age	35
Nationality	Ethiopian	Passport No.	EP6663471
DOB	11-Sep-90	Sex	Female
Passport Issue Date	30/08/2021		
Marital Status	☐ Married ☑ Single	☐ Divorced	☐ Widowed
GCC application		Job Title	House Maid

SECTION 2: Vital Data

Blood Pressure	110/74	Height	157	ECG	✓	normal	abnormal
Pulse	regular	irregular	Weight	42	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

ZAK Internal Medicine Specialty Clinic PLC

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 24/02/2025

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Dr. Zekaria Abdulhamid
Medical Director