



The United Republic of Tanzania

President's Office

Regional Administration and Local Government

MKINGA DISTRICT COUNCIL

REQUEST FOR MEDICAL EXAMINATION



PART A.

To: Medical Officer

From: ..... Secondary School Date: .....

Student Name (full name) .....

Please examine the named to his/her physical and mental fitness for a full time student. The examination should include the following categories (I-IV) each category or sub category of which will render the applicant ineligible in case of a defect. Pregnancy (category IV) will also render a girl student ineligible to be a student.

PART B. MEDICAL CERTIFICATE.

(To be completed by the government Medical Officer).

I have examined the above named and consider that he/she is physically fit/unfit and mentally fit/unfit for the full time student.

- a) Eye sight .....
b) Speech .....
c) Hearing .....
d) Limbs .....
e) Venereal diseases .....
f) Leprosy .....
g) Epilepsy .....
h) Neuroses .....
i) Other serious diseases .....
j) Pregnancy .....

Station ..... Designation .....

Signature: ..... Date .....