CHUO CHA SANAA DAR ES SALAAM

"Kipaji ni Ajira. Sanaa ni Biashara"

MEDICAL EXAMINATION FORM

PART A: REQUEST FOR MEDICAL EXAMINATION

To: The Medical Officer in Charge,

……

……

……

Mr./Mrs./Miss: …… *(Student)*

Please examine the above named as to his/her fitness for undergoing the ……

…… course in our College.

Bartlett Muda

PRINCIPAL

PART B: MEDICAL CERTIFICATE

(To be completed by Medical Officer in Charge)

I have examined ..... and the findings are as follows:
(Name of a student)

*(State: **Normal** or **Not Normal**)*

i. General body appearance: .....
ii. Body weight: .....
iii. Vision field: .....
iv. Mouth and teeth: .....
v. Hearing: .....
vi. Nose and throat: .....
vii. Chest movements: .....
viii. Lungs functions: .....
ix. Pulse rate: .....
x. Blood pressure: .....
xi. Abdomen: .....
xii. Lymphatic glands: .....
xiii. Extremities upper: .....
xiv. Extremities lower: .....
xv. CNS: .....
xvi. Emotions status: .....
xvii. Blood grouping: .....

And consider that he/she is physically fit/unfit to undergo the course stated above.

Comments *(if any):* .....
.....

Name: ..... Signature: ..... Designation: .....

Date: ..... Station: .....

(Official Stamp)