

**GOVERNMENT OF TANZANIA
REQUEST FOR MEDICAL EXAMINATION**

PART A:

From: Mhonda Teachers' College

To the Medical Officer

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Mr/Mrs/Miss(Name in full)

Please examine the above named as to his/her Physical and Mental fitness for a full time Teacher Training Course. The examination should include the following categories [I-II each category or sub category of which will render the applicant ineligible in case of a defect. Primary /Category IV] will also render a girl candidate ineligible for the course:

I. [a] Eye -sight [b] Hearing [c] Limbs [d] Speech [e] Venereal disease
[f] Leprosy [g] Epilepsy

II. Neurosis III. Pregnancy (IV) Other serious diseases like TB, HIV ,.....

MEDICAL CERTIFICATE

PART B: (To be completed by a government medical officer)

I have examined the above named and consider that he/she is physical fit unfit and mentally fit/unfit for a full time teacher training course.

I.[a] Eye-sight.....[b] Hearing.....[c] Limbs.....[d] Speech.....
[e] Venereal disease..... [f] Leprosy.....[g] Epilepsy.....

II. Neuroses

III. Serious diseases.....

IV. Pregnancy

Name.....Signature.....Date.....

DesignationStation

Official Stamp: