

REQUEST FOR MEDICAL EXAMINATION.

PART A:

TO THE MEDICAL OFFICER,
KIBAYA GOVN. HOSPITAL
P.O. BOX 10
KIBAYA/KITETO.

From(Designation)
..... (Division)
..... (Station)

Mr/ Mrs/Miss

Please examine the above named as to * His/ner fitness/unfit for
appointment/engagement as a
(Infertile of Post) on *temporary/permanent and pension able terms.

Date20.....

Signature

MEDICAL CERTIFICATE

(To be completed by a Medical Officer)

I have examined the above and consider that * He/She is physically fit/unfit for
appointment management as above.

Date20.....

Signature

Station

Designation

Cov. Predd DSM.

* Delete as necessary.