

NYAMWEZI TEACHER'S COLLEGE (NTC)

REQUEST FOR MEDICAL EXAMINATION

DATE.....

Mr/Mrs/Miss..... (NAME IN FULL)

Please examine the above named as to **HIS/HER** physical and mental fitness for a full time Student Training Course. The Examination should include the following categories.

- Eye sight
- Hearing
- Limbs
- Speech
- Venereal diseases
- Leprosy
- Epilepsy
- Neurosis
- Other serious diseases
- Pregnancy

MEDICAL CRTIFICATE

(To be completed by Government medical officer)

I have examined the above named and consider that **HE/SHE** is physically **FIT/UNFIT** and mentally **FIT/UNFIT** to full Training Course.

1. Eye sight.....
2. Hearing.....
3. Limbs.....
4. Speech.....
5. Venereal diseases.....
6. Leprosy.....
7. Epilepsy.....
8. Neurosis.....
9. Other serious diseases.....
- 10.Pregnancy

Approved by:

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