THE UNITED REPUBLIC OF TANZANIA

PRESIDENT'S OFFICE, REGIONAL ADMINISTRATION

AND LOCAL GOVERNMENT TANZANIA (PO-RALG)

ARUSHA CITY HOSPITAL

MEDICAL EXAMINATION FORM

TO BE COMPLETED BY MEDICAL OFFICER

PERSONAL DETAILS

1. FULL NAME OF TRAINEE: .....
2. SEX (MALE / FEMALE): .....
3. AGE (Give date of birth): .....
4. MARITAL STATUS: .....
5. PROGRAMME SELECTED: .....

MEDICAL INFORMATION

I. HB TEST: .....

II. STOOL: .....

III. URINE: .....

MICRO: .....

IV. T.B TEST: .....

V. EYE: .....

EXAMINATION: .....

VI. E.N.T: .....

VII. CHEST: .....

VIII. CHEST X-RAY: .....

IX. ABDOMEN: .....

X. Total Count (WBC): .....

XI. Differential count ..... Lymphocytes .....

Monocytes ..... basophils .....

Neutrophils ..... Eosinophil .....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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I certify that I have examined the above mentioned Candidates and consider that

He / she is physically / not physically fit for training.

NAME: .....

DATE: .....

SIGNATURE: ..... STAMP DESIGNATION: .....