



**GOVERNMENT OF TANZANIA  
PART A: REQUEST FOR MEDICAL EXAMINATION.**

**To: The Medical Officer,**

**FROM:** Kiara Sec. School.  
P.O. Box 798.  
**Musoma – Mara.**

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.....

Mr/Miss.....  
(Name in full)

Please examine the above named as to his/her physical and mental fitness for a full – time of Secondary education. The examination should include the following ineligible in case of a defect. Pregnancy (category IV) will also render a girl’s candidate ineligible for Secondary education.

- |                      |   |
|----------------------|---|
| a. Eyesight.         | g. Epilepsy.                                      |
| b. Hearing           | h. Neuroses                                       |
| c. Speech            | i. Pregnancy (for girls only)                     |
| d. Limbs             | j. Other serious diseases (inheritable diseases). |
| e. Venereal diseases |   |
| f. Leprosy.          |   |

**PART B:**

(To be completed by a Government Officer).

I have examined the above – named and consider that he/she is physically **fit/unfit** and mentally **fit/unfit** for a full time of Secondary Education.

- a. Eyesight.....
- b. Hearing.....
- c. Speech.....
- d. Limbs.....
- e. Venereal diseases.....
- f. Leprosy.....
- g. Epilepsy.....
- h. Neuroses.....
- i. Pregnancy (for girls only).....
- j. Other serious diseases (inheritable diseases).....

Date.....

Signature.....

Station.....

Designation.....Official stamp.....

**Angalizo kwa Mzazi/Mlezi.**

Taarifa hizi zimekuwa **zikipiguliwa** mara kwa mara na hii imetusababishia matatizo wakati wa utoaji wa adhabu tafadhali mzazi/mlezi hakikisha unapewa **stakabadhi** halali ya serikali baada ya mwanao kupimwa vinginevyo taarifa hizi zitakuwa **batili**.

NB: Mwanafunzi mwenye tatizo la kiafya lililothibitishwa na daktari, aweke alama nyekundu kwenye mfuko wa shati lake.