

THE UNITED REPUBLIC OF TANZANIA

M.F. M 14

**PRIME MINISTER'S OFFICE & LOCAL GOVERNMENT
REQUEST FOR MEDICAL EXAMINATION**

FROM: IRINGA DISTRICT COUNCIL
P.O.BOX 108
IRINGA

PART 'A'

TO: REGIONAL MEDICAL OFFICER,
P.O BOX 260,
IRINGA.

Mr/Mrs/Miss above as to his /her fitness for
appointment re-engagement as a..... on temporary
/permanent/ personable terms.

Date:...../...../.....

Signature:.....

PART 'B'

MEDICAL CERTIFICATE
(To be complete by a Medical Officer)

I have examined the above and considerly that she/he is physically fit for appointment re-engage as above

Date: _____

Signature: _____

Station: _____

Designation: _____