

**MACHAME HEALTH TRAINING INSTITUTE  
REQUEST FORM FOR MEDICAL EXAMINATION**

**TO THE MEDICAL OFFICER**

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Name of Student: ..... Age ..... Sex: F/M

Please examine the above selected student to joining our three years diploma course in Clinical Medicine/Nursing Course as full term basis.

Any chronic illness/condition identified .....

Any physical disability .....

Recommendation

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**MEDICAL CERTIFICATE**

**(To be completed by a Medical Officer)**

I have examined the above and consider that he/she is physically fit to pursue the intended studies.

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Date

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Signature

Station .....

Designation.....

Office Stamp