

**THE UNITED OF TANZANIA
TANZANIA METEOROLOGICAL AGENCY
NATIONAL METEOROLOGICAL TRAINING CENTRE
REQUEST FOR MEDICAL EXAMINATION**

PART "A"

To the Medical officer From

.....

..... (Ministry/Division)

(Station)

Name of head of department

Designation

Signature

Official Stamp

STUDENT NAME: Age: Sex:

Student Signature.....

Programme level

DR/MR/MRS/MISS

Please examine the above named as to *his/her fitness as a selected student to undertake studies at National Meteorological Training Centre academic year **2018/2019**

Part "B"

MEDICAL CERTIFICATE

(To be completed by a Medical Officer)

Is the nominee able physically and mentally to carry on intensive studies?

.....

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the study period?

.....

I certify that the applicant is medically fit to undertake a course.

Full name and address of Examining physician:

Designation.....

Signature

Official Stamp.....

Date.....