

ACACIA SECONDARY SCHOOL

P.O. Box 172, Mlandizi – Kibaha Pwani; Tel. 0754-590874; 0714-490405 TANZANIA

E-mail: acaciaedc@yahoo.co.uk

REQUEST FOR MEDICAL EXAMINATION

TO: THE MEDICAL OFFICER

FROM: HEADMASTER

Acacia Secondary School

DATE:

Full Name:..... Age:

Please examine the above named student as to his/her physical and mental fitness for entrance to this school in Form

Blood count (Red & White)

Stool examination

Urine Examination

U.T.I

T.B. test

Syphilis test/venereal diseases

Eye test

Ears

Chest/Limbs

Spleen

Abdomen

Leprosy

Epilepsy

Asthma

Heart problem

Kidney

Peptic ulcers

Sickle cell anemia

Blood pressure

Check cases of pregnancy in girls

Additional information e.g. physical defects or impairment (which requires special care), chronic or family disease.....

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MEDICAL CERTIFICATE

(To be completed by the Medical Officer)

I have examined the above named student and consider him/her physically and mentally fit/unfit to join the school.

Date:..... Signature.....

Station:..... Designation.....