

LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM: LGSC. 4

APPENDIX 'E'

**REQUEST FOR MEDICAL EXAMINATION
(Regulation 27)
MEDICAL EXAMINATION**

From; District Executive/Town/Municipal/City Director,
..... (Council),
Date:.....

PART 'A'

To: Medical Officer,
.....
.....
.....

Please examine Mr/Mrs/Miss:..... as to his/her
fitness for appointment engagement as
.....
(insert title of post), on temporary */Permanent terms.

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

PART 'B' MEDICAL CERTIFICATE:

(To be complete by a Medical Officer)
I have examined Mr/Mrs/Miss and
consider that he/she is physically/Not physically fit for appointment/re-engagement as
above.

(Any other comments)
.....
.....
.....

Date:..... Signature:.....
(MEDICAL OFFICER)
(HOSPITAL/DISPENDARY)

*Delete whichever is inapplicable.