



ZANZIBAR CITY COLLEGE

REQUESTING FOR MEDICAL EXAMINATION

PART A:

TO THE REGISTRED MEDICAL OFFICER

FROM THE DEAN OF STUDENTS
ZANZIBAR CITY COLLEGE
P.O.BOX 1457 AMANI STREETS
MOMBASA COMPUS
ZANZIBAR. TANZANIA.

MR/MRS/MISS: IRENE MATHEW LUKOSI

COURSE: CERTIFICATE IN HOTEL MANAGEMENT

Please examine the above named as to his/her fitness for admission to the College as a full time student.

Date:

Signature.....

Official Stamp:

PART B:

MEDICAL CERTIFICATE

(To be completed by a Government/Private Medical Officer)

STATE NORMAL/ NOT NORMAL

- 1.EYES, NOSE AND THROAT
- 2.RESPIRATORY SYSTEM
- 3.URINARY SYSTEM
- 4.BLOOD GROUP
- 5. SKIN
- 6. PREGNACY