



ZANZIBAR CITY COLLEGE

REQUESTN FOR MEDICAL EXAMINATION

PART A:

TO THE REGISTRED MEDICAL OFFICER

FROM THE CHIEF EXECUTIVE OFFICER
ZANZIBAR CITY COLLEGE
P.O.BOX 1457 AMANI STREETS
ZANZIBAR, TANZANIA.

MR/MRS/MISS _____

COURSE/: _____

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

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

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2. RESPIRATORY SYSTEM

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3. URINARY SYSTEM

.....

4. BLOOD GROUP

.....

5. SKIN

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