



**TANZANIA INSTITUTE OF ACCOUNTANCY
(TIA)**

REQUEST FOR MEDICAL EXAMINATION

PART A:
TO THE REGISTERED MEDICAL OFFICER **FROM THE CHIEF EXECUTIVE OFFICER**
..... **TANZANIA INSTITUTE OF ACCOUNTANCY**
..... **P.O.BOX 9522 DSM**
..... **DAR ES SALAAM**

MR/MRS/MISS:.....
COURSE/:.....

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

Date:..... Signature: .....
Official Stamp: 

PART B:

MEDICAL CERTIFICATE

(To be completed by a Government Medical Officer)

	STATE NORMAL/NOT NORMAL
1.EYES,NOSE AND THROAT
2.RESPIRATORY SYSTEM
3.GASTRO INTESTINAL SYSTEM
4.CARDIOVASCULAR SYSTEM
5.CENTRAL NERVOUS SYSTEM
6.MUSCULOSKELETAL SYSTEM
7.URINARY SYSTEM
8.SKIN

I have examined the above named and consider that he/she is physically fit/not fit for an intensive course of studies.(Delete whichever is not relevant)

Name of Medical Officer:.....
Signature:.....
Date:.....**Official Stamp:**.....