



**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)

	<b>STATE NORMAL/NOT NORMAL</b>
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:**.....