



**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: October, 2022

Prof. William Amos Pallangyo
CHIEF EXECUTIVE OFFICER
For: CHIEF EXECUTIVE OFFICER
TANZANIA INSTITUTE OF ACCOUNTANCY

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**.....