



**TANZANIA INSTITUTE OF ACCOUNTANCY  
(TIA)**

**REQUEST FOR MEDICAL EXAMINATION**

**PART A:**

**TO THE REGISTERED MEDICAL OFFICER**

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**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:** September, 2021

**Dr. Momole Kasambala  
Ag: CHIEF EXECUTIVE OFFICER**

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**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**.....