



THE UNITED REPUBLIC OF TANZANIA
FIRE AND RESCUE FORCE

MEDICAL EXAMINATION FORM FOR RECRUITS

(To be completed by Certified Medical Officer)

PART A: PERSONAL INFORMATION

1. Full names:
2. Age..... Sex;
3. Address: Region..... District:.....
 Ward..... Street/Village:.....

PART B: MEDICAL HISTORY

Has the examinee suffered from any of the following? (indicate YES or NO)

- | | |
|-----------------------------------|----------------------------------|
| 1. Tuberculosis..... | 13. Epilepsy..... |
| 2. Pneumonia..... | 14. Allergic Disorder..... |
| 3. Pleurisy..... | 15. Deformity..... |
| 4. Asthma..... | 16. Psychiatric disorder..... |
| 5. Rheumatic fever..... | 17. Ear Disorder..... |
| 6. Heart Disease..... | 18. Nose Disorder..... |
| 7. Gastric or duodenal ulcer..... | 19. Throat disorder..... |
| 8. Recurrent indigestion..... | 20. Geonocological disorder..... |
| 9. Jaundice..... | 21. Pregnancy (Female)..... |
| 10. Dysentery..... | 22. Misuse of Alcohol..... |
| 11. Varicose Veins..... | 23. Misuse of drugs..... |
| 12. Diabetes..... | |

PART C: PHYSICAL EXAMINATION

1. Height (meter).....(cm).....
2. Weight (Kg)
3. Eyes (Conjunctivas).....Pupils.....
4. Sight (without glasses) Right..... Left.....

PART D: ADDITIONAL INFORMATION

Physical Defects of impairment, infections, chronic or hereditary(family) disease:.....

PART E: CERTIFICATION

I have examined the above named person and consider*She/he is physically and mentally/not physically and mentally fit to be recruited by Fire and Rescue Force.

NameSignatureDate

Title Qualification

Name of Health Institute..... Official Stamp.....