

**From:** District Executive Director,  
.....  
P.O.Box 19,  
**LUDEWA.**

**PART A:**

**TO:** THE MEDICAL OFFICER,  
.....  
.....  
.....

Please examine Mr/Mrs/Miss:.....  
As to his/her fitness for appointment / reengagement as.....  
..... (Inserts title post): an temporary/Permanent terms.

Date:..... Signature:.....

**Medical Certificate:**  
(To be completed by a Medical Officer).

**PART B:**

I have examined Me/Mrs/Miss:.....  
And consider that he/she is physically\*/ not physically fit for appointment/re-engagement  
as above.

(Any other Comments)

.....  
.....  
.....

Date:..... Signature:.....  
**(MEDICAL OFFICER)**

.....Hospital / Dispensary.

\* Delete whichever is inapplicable.