

ALIM HIGH SCHOOL

(Providing opportunity to excel)



P.O. BOX 234 MACHAKOS
Email:alimhigh@yahoo.com

TEL: 0715603666, 0738204055

MINISTRY OF HEALTH

RE: MEDICAL CERTIFICATE

Name..... Date:

AgeSex.....

ResidenceDistrict/County.....

FOR MEDICAL USE ONLY

Is there noticeable disability?

Eye sight.....

Upper limbs.....

Lower limbs.....

Hearing

Heart

Chest (result of x-ray, state if any trace of TB or Pneumonia).....

Has the person been previously operated?

Urine

Stool

Any other findings

This is to certify that the above named has been examined and found medically fit/unfit.

Name:
.....

Signature:

MEDICAL OFFICER/HEALTH OFFICER

Date & stamp