



# INSTITUTE OF HEAVY EQUIPMENT AND TECHNOLOGY

*Institute Location: Science Kijitonyama, Bagamoyo road. P.o.Box 55079 Dar-es-salaam*

*Phone +255(0)222700745. Mobile: +255(0)754300200, +255(0)719348778.*

*E-mail: instituteihet@gmail.com*

*Website: ihet.ac.tz*

## MEDICAL FORM

Mr. /Miss

.....  
.....

Please examine the above mentioned as to his/her physical and mental fitness for a full time schooling courses.

**MEDICAL CERTIFICATE:** (Please write in capital letters in clear and legible form or print)

I.....have examined the above named and found that he/she is FIT/UNFIT for a full time schooling courses

Eye sight.....

Hearing .....

Limbs .....

Speech .....

Leprosy .....

Epilepsy .....

Neuroses .....

Other serious diseases .....

Other comments and observations .....

Date ..... Signature .....

Hospital ..... Designation .....

Official stamp: