

(To be completed in DUPLICATE)

G.P. 69

REPUBLIC OF KENYA

PART I

(Name and address of Ministry/Department)

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.....

To: The Medical Officer i/c .....

Name: \*Mr/Miss/Mrs ..... is sent herewith for medical examination as a candidate for \*temporary/contract/permanent employment/fitness to extend tour by ..... months (C.O.R. N.20 (1) as..... in this \*Ministry/Department.

..... (Signature)

..... (Designation)

Part 2

CERTIFICATE OF MEDICAL EXAMINATION

I HEREBY CERTIFY that I have this day examined the above named candidate and that in my opinion \*he/she is \*fit/unfit for \*temporary/contract/permanent service/extension of tour by ..... Months (C.O.R. N20 (1)) as ..... in the Kenya Government Administration.

..... Station  
....., 20 .....

.....Medical Officer

Notes

Part 1 of the form to be completed in duplicate by the officer sending the candidate for examination.

Part 2 of the form to be completed by the Medical officer, who will return one copy to the Ministry/Department which sent the candidate.

Particulars on reverse to be filled in by candidate before appearing for Medical Examination.

\*Delete whichever is inapplicable.

Candidate's full name (in BLOCL letters) .....

The following questions to be answered by the candidate:

1 have you ever been an in-patient in hospital or nursing home suffering from any disease or injury?  
If so, give dates, state nature of disease or injury, which hospital or nursing home. Name of  
doctor(s) who treated you and whether an operation was performed .....

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2 Apart from above, have you ever received medical treatment for any serious disease or injury? If  
so, give particulars.

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.....20

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Signature of Candidate