

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF NATURAL RESOURCES AND TOURISM

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Forestry Training Institute Olmotonyi,

P. O. Box 943,

ARUSHA

To:

The Medical Officer,

..... (Station),

..... (Address),

.....

From:

The Principal,
Forestry Training Institute Olmotonyi,
P. O. Box 943,
ARUSHA

Dear *Dr./Mr./Mrs./Ms.....

PART A: REQUEST FOR MEDICAL EXAMINATION

Please examine *Mr. /Mrs. /Ms. (Student's Full Name) as to *his/her fitness for admission as a Student for a two year (Course) offered at Forestry Training Institute Olmotonyi in Arusha, Tanzania.

PART B: MEDICAL CERTIFICATE (To be completed by Medical Officer)

I have examined *Mr. /Mrs. /Ms. (Student's Full Name) and consider that he/she is *fit/not fit to be admitted for the above mentioned course.

Medical Examiner (Full Name):Designation:

Signature:

Official stamp:

Date:/...../20.....

****Delete whichever is not necessary***