



MINISTRY OF EDUCATION
STATE DEPARTMENT FOR VOCATIONAL AND TECHNICAL TRAINING
KONGONI TECHNICAL AND VOCATIONAL COLLEGE

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MEDICAL FORM

KTVC/REG/F002

(TO BE COMPLETED BY QUALIFIED DOCTOR IN A GOVERNMENT HOSPITAL)

NAME OF

APPLICANT.....AGE.....

The following have to be checked:

1) Eyes

2) Chest

3) Teeth

4) Checked For VD and

Found.....

5) Checked For Pregnancy and

Found.....

...

6) Others

i)

ii)

iii)

iv)

v)

vi)

Signed and Stamped.....Date

GOVERNMENT MEDICAL DOCTOR

All correspondence be made to the principal