

(To be completed in DUPLICATE)

G.P. 69

REPUBLIC OF KENYA

PART I

(Name and address of Ministry/Department)

.....
.....
.....

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.

..... StationMedical Officer
....., 20

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.

