

APPENDIX III (Vide General Order 9 (a))

REPUBLIC OF ZAMBIA

FORM OF CERTIFICATE OF MEDICAL EXAMINATION

To (1) .....

I hereby certify that I have this day examined (2) .....

Candidate for employment as (3) .....

And in my opinion he/she is (4)..... for service in the Republic of Zambia.

.....

Medical Officer

.....Station

.....20.....

(1) To the Head of Department in charge of candidate.

(2) and (3) to be filled in by the Department applying for a Medical Certificate.

(4) Medical Officer to insert 'fit' or 'unfit' as the case may be.

(5) **Reverse to be completed on copy for DMS only.**

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This form may be obtained from Director of Medical Services, Lusaka.

**TO BE COMPLETED ON COPY FOR DMS ONLY**

Age..... Height..... Weight.....  
Physique..... Medical State.....  
Previous Illnesses.....

**RESPIRATORY SYSTEM:** Girth..... Full Inspiration..... Full Expiration.....

(a) Any abnormality on clinical Examination.....

(b) X-ray of chest (where possible) .....

**CARDIO VASCULAR SYSTEM:**

(a) Rate and quality of pulse .....

(b) Any cardiac abnormality .....

(c) Blood pressure .....

(d) Any varicose vein .....

**ALIMENTARY SYSTEM AND ABDOMEN:**

(a) Any symptoms .....

(b) Condition of mouth, teeth and tonsils.....

(c) Any abnormality of liver or spleen.....

(d) Any hernias.....

(e) Any haemorrhoids.....

**GENITO-URINARY SYSTEM:**

(a) Any symptoms or abnormality.....

(b) Urine..... SG..... Reaction..... Alb..... Sugar.....

**INTEGUMENTARY SYSTEM:**

(a) Any eruption or ulcer.....

**CNS:**

(a) Any symptoms.....

(b) Patellar reflexes.....

(c) Pupils.....

(d) Hearing.....

(e) Speech.....

**REMARKS;**

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.....  
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Date: .....

Medical officer

Station: .....