

SUNYANI TECHNICAL UNIVERSITY



SUNYANI, GHANA

FORM C

MEDICAL EXAMINATION FOR EMPLOYMENT

NAME.....

AGE.....SEX.....

I, DR.....HAVE TODAY.....

Medically examined the above named employee and find as follows:

1. Past medical History:

2. General appearance:

3. Eye Sight:

4. Hearing:

5. Heart Sounds:

BP.....

6. Lungs:

7. Abdomen:

HERNIA?

8. CNS (and Limbs)

9. LAB: a) Blood:

b) Urine:

c) Stool:

d) Others:

I therefore hereby certify that Mr. /Mrs. / Miss:.....

.....is MEDICALLY FIT/UNFIT for any gainful employment.

Further recommendation.....

Date.....

.....
SIGNATURE & STAMP OF PHYSICIAN