

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.....

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- (1) To the Head of Department in charge of candidate.
  - (2) and (3) to be filled by the Department applying for 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.

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

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

Age..... Height..... Weight.....  
Physique..... Mental Status.....  
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 veins.....

**ALIMENTARY SYSTEM AND ABDOMEN:**

(a) Any symptoms.....

(b) Condition of the 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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Date.....

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*Medical Officer*

Station.....