



THE REPUBLIC OF UGANDA

PUBLIC SERVICE MEDICAL EXAMINATION FORM

Ref.....

Date:

PART I

To: The Government Medical Officer

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Please examine Mr.*/Mrs.*/Miss*/Dr*
for appointment as on pensionable terms

Name

Signature.....

Designation.....

PART II

Date:.....

To: Chief Administrative Officer,
Kakumiro District Local Government,
P.O. Box 522, Kakumiro

I have examined the person named in Part I above and consider that he*/she* is*/is
not* medically fit for appointment to the Public Service on pensionable terms.

Name of Government Medical Officer.....

Signature..... Date.....

Copy to The Chief Administrative Officer, Kakumiro District Local Government, P.O.
Box, 522, Kakumiro

*Delete whichever words are not applicable