THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

MEDICAL EXAMINATION CERTIFICATE FORM – M.F.M. 14

Name : **HUSSEIN SHABANI HUSSEN** **SEX: MALE** Height : **167 Cm**
Age: **20 YRS** ADRESS: **DAR ES SALAAM** Weight : **70 Kg**

Past History : **NONE** Family History: **NONE** PASS: **NONE**
G
PHYSICAL EXAMINATION
Vision: RT 6/6) VA CORRECTED VISION: NAD
LT 6/6) VA

1. Respiratory System
   ENT: **NORMAL**
   Chest: **NORMAL**
   Lungs: **NORMAL**
   Chest X-Ray: **NORMAL**

2. BP: **121/78 mmHg**
   Pulse Rate: **76 /min**
   Heart: **NORMAL.**

3. Digestive System
   Liver **NORMAL**

   Spleen **NORMAL**

4. Central Nervous System
   Reflexes **NORMAL**

5. Urinary Tract System
   Kidneys **NORMAL**
   Bladder **NORMAL**

Has the candidate been treated for physiological or nervous illness…NO, has the candidate been successfully vaccinated….**YES**

LABORATORY ANALYSIS

Urine - **Macro CLEAR YELLOW**
- Microscopy **NIL**

Stool - Microscopic **NAD**
Blood - HGB : **NORMAL**
- ESR : **NORMAL**
- WBC – **NORMAL**
- Differential **NORMAL**
- RBC **NORMAL**
- Platelets: **NORMAL**
- Blood Group : **O POSITIVE**

Serology
Pregnancy : **N/A**
- Khan Test: **NEGATIVE**
- Widal Test: **NEGATIVE**
- Elisa Test: **NEGATIVE**
- TB Test: **NEGATIVE**
-Hepatitis A: **NEGATIVE**
- Hepatitis B: **NEGATIVE**
-Hepatitis C: **NEGATIVE**
-HIV: **NEGATIVE**
-Drug Test of Narcotic
- Substance **NEGATIVE**

This medical certificate prove that MR/ MRs/ MS : **HUSSEIN SHABANI HUSSEN**

SUFFERS NONE OF THE ILLNES That may have serious Public Health repercussion according to the stipulated in the internal sanitary regulation of 2005
Date: **23/07/2026** Name/signature ……

Section: **MNAZI MMOJA HOSPITAL** Designation: **MO.**
P.O.BOX 25411 – DSM

ON BEHALF OF
MEDICAL OFFICER INCHARGE
DSM CITY COUNCIL
MNAZI MMOJA HOSPITAL
P. O. Box 25411
DAR ES SALAAM