

United Republic of Tanzania Ministry of Works Engineers Registration Board (ERB) P.O BOX 2768, Mhandisi Annex, Plot Number 13, Block "A" Tambukareli Street- NCC, Dodoma Tel: +255 26 2960086/87



TRIPARTITE AGREEMENT FORM

Doc: Medical Examination Form No: ERB-PDAP-FRM-06 Rev No: 00

MEDICAL EXAMINATION FORM TO BE COMPLETED BY MEDICAL OFFICER

FULL NAME OF TRAINEE:	
SEX:MALE/FEMALE:	
HB TEST:	
STOOL:	
URINEMIRCO:	
T.B TEST:	
EYE EXAMINATION:	
E.N.T:	
CHEST:	
CHEST X-RAY:	
ABDOMEN:	
ADDITIONAL INFORMATION	
Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.	
I certify that I have examined the above Trainee and physically fit for training.	d consider that he/she is physically/not
NAME & SIGNATURE	DESIGNATION & STAMP
DATE:	DATE:
NB: Put in a sealed envelope and sign behind.	