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Address: .....  
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Telephone: .....  
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Signature of Sponsor: .....

**Your contact details:**

Office Address: .....  
.....  
Telephone: ..... Fax: .....  
Email: .....  
Home address: .....  
.....  
Telephone: ..... Fax: .....  
Email: .....  
Date: ..... Signature: .....

**Please enclose the following:**

- (a) a photocopy of your diplomas and certificates
- (b) a letter of sponsorship
- (c) a letter from applicant's employer indicating that the application is available to attend the course
- (d) medical certificate of fitness

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**Please return completed form to:**

The Director  
Pan African Institute for Development – West Africa  
P.O.Box 133, Buea  
South West Province  
Republic of Cameroon

**PAN AFRICAN INSTITUTE FOR DEVELOPMENT**  
**West Africa**

**MEDICAL CERTIFICATE**  
**To be filled by a Medical officer**

NB. This form is to be completed only by applicants who have been accepted for the Diploma course in Development Studies. It can be mailed to us at the address above or brought with you when you attend the course

Name \_\_\_\_\_ Surname \_\_\_\_\_ Age \_\_\_\_\_

I Skin \_\_\_\_\_

II Vision \_\_\_\_\_

III Ears \_\_\_\_\_

IV Nose \_\_\_\_\_

V Throat \_\_\_\_\_

VI Teeth \_\_\_\_\_

VII Chest \_\_\_\_\_

X-ray \_\_\_\_\_

(enclosed recent X-ray film)

Mantou Test \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

VIII Heart \_\_\_\_\_

Pulse \_\_\_\_\_

Blood Pressure \_\_\_\_\_

IX Abdomen \_\_\_\_\_

Stomach \_\_\_\_\_

Spleen \_\_\_\_\_

Liver \_\_\_\_\_

Stool Analysis \_\_\_\_\_

V/S or US – Virginal or Urethral Smear\_\_\_\_\_

X Genito – Urinary Tract\_\_\_\_\_

Urine Analysis\_\_\_\_\_

VDRL\_\_\_\_\_

XI Vaccinations\_\_\_\_\_

Cholera (date)\_\_\_\_\_

Small – Pox (date)\_\_\_\_\_

Yellow Fever (date)\_\_\_\_\_

Others\_\_\_\_\_

P.T. (Pregnancy Test)\_\_\_\_\_

XII Has the applicant ever been treated for any neuro-psychiatric disease?  
\_\_\_\_\_

XIII Is the applicant physically and mentally fit to pursue studies?  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature & Stamp