TTB/2026/05

Medical Certificate of the Applicant

(To be used for National School Teacher Transfer 2026 **only**)

Section A: Teacher Information

1. Name of Teacher: .....

2. School: .....

3. Diagnosed Medical Condition: .....

4. Duration of Condition: .....

5. Signature of the Teacher: .....

Section B: Consultant / Medical Officer Assessment

The consultant is kindly requested to provide information in clear language to assist non-medical administrative officers in decision-making)

1. Medical Condition (Illness or Ailment):

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2. Nature of Condition: ☐ Temporary ☐ Chronic ☐ Permanent

3. Date of Diagnosis: .....

4. Simple description of condition:

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5. Is the teacher under your care? ☐ Yes ☐ No

6. Treatment required: ☐ Medication ☐ Clinic Visits ☐ Therapy ☐ Other (Please specify):

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7. Follow-up frequency: ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Whenever necessary

11. Fit for duty: ☐ Fully fit ☐ Fit with limitations ☐ Temporarily unfit ☐ Unfit

12. Limitations (if any):

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12. Does this condition impact traveling: ☐ Yes ☐ No If yes, explain:

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13. Are there any specific physical or mental limitations caused by this medical condition?

☐ Yes ☐ No If yes, explain: ……

14. Are there specific environmental or workplace conditions that should be avoided?

☐ Yes ☐ No If yes, explain: ……

15. Is the teacher affected by any disabilities?

☐ Yes ☐ No If yes, explain: ……

16. Any other relevant medical observations to assist the transfer board:

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17. Additional remarks:

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Certification

Consultant Name: _____

Specialization: _____

Registration Number: _____

Signature & Seal: _____

Date: ______________________________