



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
MEDICAL CERTIFICATE

CONDITIONS OF A RECURRENT NATURE

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Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any disease, condition or defect the person(s) has/have suffered and which might recur.

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I hereby certify that I have examined the following person(s):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

and find him/her/them –

- (a) not mentally disordered* or physically defective in any way;
- (b) Not suffering from leprosy, venereal disease, trachoma, tuberculosis or other infectious or contagious condition;
- (c) Generally in a good state of health;

except for the following defects observed:

(Please type or print)

Name of person(s)

Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended

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Official stamp and address of medical officer/ practitioner/ hospital

Signature of medical officer/ practitioner

Date

Int. code	* "Mentally disordered" includes the following
290-299	All psychoses
300	Neuroses
301	Personality disorders
303-304	Addictions
308	Behaviour disturbances of childhood
310-315	All forms of mental retardation
320-349	Epilepsy and all other forms of degeneration of the central nervous system