



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
MEDICAL CERTIFICATE

CONDITIONS OF A RECURRENT NATURE

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.

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, or other infections 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:
300-309	All psychoses.
301	Personality disorders.
303-304	Addictions.
308	Behaviour disturbances of childhood.
310-315	All forms of mental retardation.
320-340	Epilepsy and all other forms of degeneration of the central nervous system.