



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

Table with 2 columns: Name of person(s), Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended. Includes dotted lines for text entry.

Official stamp and address of medical officer/practitioner/hospital

Signature of medical officer/practitioner

Date

Table with 2 columns: 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.