



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 and 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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 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 doctor/
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.