



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. 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 doctor/ practitioner/hospital

Signature of medical officer/practitioner

Date

Table with 2 columns: Int. code and description. Includes codes 290-299, 300, 301, 303-304, 308, 310-315, 320-349 and their corresponding medical conditions.