



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, 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.