



DEPARTMENT: HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

**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. ....
- 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, 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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.....	.....
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.....	.....

*Official stamp and address of medical officer/  
practitioner/hospital*

*Signature of medical officer/practitioner*

Date .....

<b>Int. code</b>	<b>* "Mentally disordered" includes the following:</b>
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.