



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*

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

*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. |