



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. ABDULNAZAK ABDULLAH
2. DINIE
3. _____
4. P00 950964

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Uzm. Dr. Merdan Mustafa ÖZCAN
Infectious Diseases
Mebadiye Sogutlari Turkey
Training and Research Hospital

Official stamp and address of medical officer/
practitioner/hospital

Signature of medical officer/practitioner

Date 09-03-2019

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.	