



a world class African city

P.Bag x 47, AUCKLAND PARK 2006
Tel: 011-489-1011 / 011-726-542 5

All communications to be addressed
To the Superintendent
Alle Korrespondensie moet aan die
Superintendent gerig word



GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Helen Joseph Hospital

In reply please quote
In antwoord meld

No 0182696

Autume Rhoor

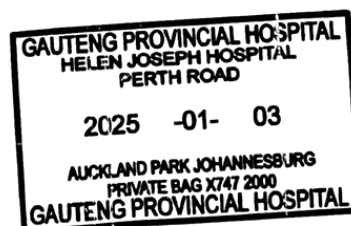
This is to confirm that patient
(Autume Rhoor) was under our Medical
health care accompanied by Zerobter
Rhoor on the dates 23/06/2025 & 04/06/2025

Relationship: Mother

Reason: Medical Condition

O. SN Shumba

SN Shumba



PR No 0182696

Certificate / Confirmation of Disability Status

Doctor / Occupation Health Practitioner's Name: _____

Medical Practice Number: _____ Practice Number: _____

Certificate of Disability (Employment Equity Act – Act 55/1998)

I, _____, Medical Practitioner / Occupational Health Practitioner that

I have interviewed, examined and review relevant medical records of _____

SA Identity Number _____

I certify/confirm that he/she is disabled according to the criteria specified in the Employment Equity Act No 55 of 1998 and the Code of Good Practice on Key Aspect of Disability in the Workplace which defines disability as follows:

"people who have long-term or recurring physical or mental impairment which substantially limit their prospects of entry into, or advancement in, employment"

Signature

Title and name

