

MEMORANDUM ORANDUM

Z 36
(81/142390)

Tel. No. 016 9287112 Bylyn Extension..... Datum
Date

Van: Kopanong Hospital
From: 2 / Casino Rd
Dunoonville

My verwysing:
My reference:

No. MPO706388

Aan: Whom it may
To: concern



U verwysing:
Your reference:

Gedateer
Dated.....

INSAKE:
RE:

Lebohlang Mathe

ID NO: 990511 5339 088

This letter serves to confirm
that the above mentioned
patient is known to our
Institute. He is diagnosed
with Epilepsy and is
stable on treatment

Regards

Dr G.2 Mlangeni
PR0731846

(Signature)

Certificate / Confirmation of Disability Status

Doctor / Occupational Health Practitioner's Name: Dr G2 Mangani

Medical Practice Number: 0706388 Practice Number: 0731846

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

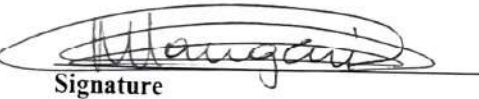
I, Dr G2 Mangani Medical Practitioner / Occupational Health Practitioner, certify that

I have interviewed, examined and reviewed relevant medical records of Lebhang Mathe

SA Identity Number 9905115339088

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 Aspects of Disability in the Workplace which defined disability as follow:

Epilepsy
“people who have long-term or recurring physical or mental impairment which substantially limits their prospects of entry into, or advancement in, employment”


Signature

Dr G2 Mangani
Title and name



Stamp