

**MEMORANDUM  
ORANDUM**

Z 36

(81/142390)

Tel. No. 016 428 7118 Bylyn  
Extension..... Datum .....

Van: From ..... My verwysing:  
Kopanong Hospital

2 Casino Rd

Duncarville

My reference:

No. MPO706388

Aan: To: Whom it may concern U verwysing:  
Your reference:



Gedateer  
Dated.....

INSAKE:  
RE:

Kobohang 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 Z Mlangeni

PRO931846

*Mlangeni*

Certificate / Confirmation of Disability Status



Occupational Health Practitioner's Name:

Dr GZ Maugeu

Medical Practice Number: 0706388

Practice Number: 0931846

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

I, Dr GZ Maugeu, Medical Practitioner / Occupational Health Practitioner, certify that

I have interviewed, examined and reviewed relevant medical records of

Lebhang Mathe

SA Identity Number 990515339068

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:

"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 GZ Maugeu

Title and name



Stamp