



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. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

and find him/her/them –

- (a) Not mentally disordered\* or physically defective in any way;
  - (b) Not suffering from leprosy, venereal disease, trachoma, tuberculosis or other infectious 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 doctor/  
practitioner/hospital

Signature of medical officer/practitioner

Date:

## Medical Certificate Template