



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 and 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

Signature of medical officer/practitioner

Date:

Official stamp and address of medical doctor/
practitioner/hospital



Medical Certificate Template