



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, or other infections 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 officer/  
 practitioner/hospital*

*Signature of medical officer/practitioner*

.....  
 .....

Date .....

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|                  |   |
|------------------|---|
| <b>Int. code</b> | <b>* "Mentally disordered" includes the following:</b>                      |
| 290-299          | All psychoses.  |
| 300              | Neuroses.   |
| 301              | Personality disorders.  |
| 303-304          | Addictions.   |
| 308              | Behaviour disturbances of childhood.  |
| 310-315          | All forms of mental retardation.  |
| 320-349          | Epilepsy and all other forms of degeneration of the central nervous system. |