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, veneral disease, trachoma, tuberculosis or other infectious or contagious condition;

(c) generally in a good state of health;

except for the following defects observed:

Name of person(s)	***(Please type or print)*** *Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended*
1……	……
2……	……
3……	……
4……	……

Official stamp and address of medical officer/practitioner/hospital

……

……

……

……

Signature of Medical officer/practitioner

Date ……

Int. Code	**"Mentally disordered" includes the following**
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.

BI-806

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS
RADIOLOGICAL REPORT

Note:

(1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.

(2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. Unused spaces must be crossed out.

(3) A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.

I herby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no sign of active pulmonary tuberculosis.

Name:

(1) .....

(2) .....

(3) .....

(4) .....

(5) .....

Official stamp and address of Radiologist/hospital:

.....
Radiologist

Date .....

.....

.....

.....