

## MEDICAL CERTIFICATE (COMPULSORY)

Student number:

[illegible]

Full name and surname:

[illegible]

Programme:

[illegible]

# MEDICAL REPORT

**(Must be completed by a medical practitioner – IN PRINT)**

Did your examination and observation convince you that the applicant is in good health and not suffering from any physical or mental defect, disease or disability which would prevent him/her from being trained in the chosen profession or to practice as a professional in a fitting manner?

[illegible]

I declare that the above information is true and correct and that I have not withheld any information regarding the health condition of this person.

**SIGNATURE**

DATE \_\_\_\_\_

**PRINT NAME:**

[illegible]**PROFESSIONAL  
QUALIFICATION:**[illegible]

**PRACTICE NUMBER:**

[illegible]

**PRACTICE ADDRESS:**

[illegible][illegible]

## Telephone numbers

[illegible]

**(Work)**

[illegible]

**(Cell)**

[illegible]

**(Fax)**