



MEDICAL CERTIFICATE (COMPULSORY)

Student or ID number:

Full name and surname:

Programme:

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?

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:

PROFESSIONAL QUALIFICATION:

PRACTICE NUMBER:

PRACTICE ADDRESS:

Telephone numbers (Work)

(Cell)

(Fax)

PLEASE SUBMIT THIS DOCUMENT BEFORE 30 JUNE 2022.