

MEDICAL CERTIFICATE (COMPULSORY)																			
Student or ID number:																			
Full name and surname:																			
Programme:																			
MEDICAL REPORT	<u></u>									.									
(Must be completed b	y a r	egis	tere	d He	alth	Care	Pra	ctiti	oner	r – II	N PR	INT))						
Did your examination a from any physical or moin the chosen profession	ental	defe	ct, di	seas	e or	disal	bility	whic	h wo	ould	prev	ent ł							
I declare that the above regarding the health considerations and the second sec						nd c	orred		d tha		have	not	with	helo	I any	/ inf	orma	ation	
										-									
PRINT NAME:				<u> </u>														<u> </u>	
PROFESSIONAL QUALIFICATION:																			
PRACTICE NUMBER:																			
PRACTICE ADDRESS:																			
																			,
Telephone numbers											Vork) Cell))						1	

PLEASE SUBMIT THIS DOCUMENT BEFORE 30 JUNE 2023.