

MEDICAL CERTIFICATE (COMPULSORY)																			
Student number:																			
Full name and surname:																			
Programme:																			
MEDICAL REPORT	<u> </u>	k	i.	i	l	i.		i		i	ii						i.		
(Must be completed by	уа≀	med	ical	prac	titio	ner -	- IN I	PRIN	IT)										
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 aboregarding the health co						and o	corre	ct a	nd th	at I	have	not	witl	nheld	d any	/ info	orma	tion	
regarding the health of	nan	OH O	1 11113	per	5011.														
SIGNATURE			DATE																
PRINT NAME:										_									
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PROFESSIONAL QUALIFICATION:																			
PRACTICE NUMBER:																			
PRACTICE ADDRESS:																			
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Telephone numbers											(Work)								
										((	Cell)								