UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

MEDICAL CERTIFICATE (COMPULSORY)

Student 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)