



**REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS**

MEDICAL CERTIFICATE

CONDITIONS OF A RECCURENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated of the medical officer/practitioner could furnish any details of any disease, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examined the following person(s)

- | | |
|---------|---------|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |

and find him/her:

- (a) not mentally disordered* or physically defective in any way;
- (b) not suffering from leprosy, venereal disease, trachoma, tuberculosis or other infectious or contagious diseases;
- (c) generally in a good state of health;

except for the following defects observed:

Name of person(s) (Please type or print)

.....
.....
.....
.....

Signature of medical officer/practitioner

Official stamp and address of medical officer/
practitioner/hospital

Date:

Int. Code

* "Mental disorders" includes the following:

290-299	All psychoses
300	Neurosis
301	Personality disorders
303-304	Addictions
308	Behaviour disturbances of childhood
310-315	All forms of mental retardation
320-349	Epilepsy and all other forms of degeneration of the central nervous system