



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
MEDICAL CERTIFICATE

CONDITIONS OF A RECURRENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish 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..... 5.....
2..... 6.....
3..... 7.....
4..... 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:.....

Table with 2 columns: Int. Code and Description. Includes codes 290-299, 300, 301, 303-304, 308, 310-315, 320-349 and their corresponding medical conditions.