



REPUBLIC OF NAMIBIA
Ministry of Home Affairs and Immigration
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.
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)

Blank lines for entering the name of the person(s).

Signature of Medical Officer/Practitioner

Official stamp and address of Medical Officer/Practitioner/Hospital

Date:

Table with 2 columns: 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.