AgriSETA

MEDICAL CERTIFICATE

Annex A

Particulars of the medical practitioner

Initials and Surname:			
Title:		National ID No:	
Health Professions Council of SA Registration No:			
Tel. No:		Domicile where notices must be served when applicable:	
Cel No:			
Fax No:			
E-Mail:			

Particulars of the Applicant

Surname:		1st Name:	
Cel No:		2nd Name:	
E-Mail:		3rd Name:	
Gender:		National ID No:	
Designated Trade:		Physical Address for the duration of the apprenticeship:	
State any Allergies:			
State any Fractures:			
State any Spinal injuries			

Mention any other health related condition you have suffered from which may handicap your performance in the trade:

Judgement of the Medical Condition of the Applicant

MEDICAL CONDITION	YES	NO	Comment on medical condition (only if the condition will handicap the person in his trade)
a) Respiratory dysfunctions			
b) Epilepsy, muscular, vascular, neuromuscular diseases			
c) Hernias			
d) Is there any defect in: Figure			
Sight (including colour blindness)			
Speech			
Sound			
e) Tonsil or adenoid defects			
f) Sign of appendicitis			
g) Signs of any illness or disease			
h) Any infectious or contagious disease			
i) Physical disability			
j) Diabetes Mellitus			
k) Thrombosis or any coronary disease			
l) High blood pressure			
m) Mental, nervous or functional psychiatric disorder			
n) Loss of hearing (need hearing aid)			
o) Excessive use of: Intoxicating liquor			
Amphetamines			
Narcotics or habit forming drug			
p) Alcoholism			
q) Impairment, or loss of: Arm			
Hands			
Fingers			
Leg			
Foot			

Final recommendation:

Declaration by Medical Practitioner:

The undersigned declares upon signing this document that the candidate were physically examined on the date as stated here below. The above mentioned findings are to the best of my knowledge and belief correct.

Positive ID of Applicant	Yes	No
Signature of Practitioner		
Place of examination		
Date of Examination	/ /	