



**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:.....
.....

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.