

**GAUTENG PROVINCIAL GOVERNMENT
Mediese Sertifikaat / Medical Certificate
(Wet 70 van 2008 / Act 70 of 2008)**

Hierdie sertifikaat moet slegs in die volgende gevalle ingevul word:
This certificate should be completed only in the following instances:

- (a) Opneming vir behandeling
Admission for treatment
- (b) Onthefing van die bepalings van die Wet op mediese gronde
Discharge from the provisions of the Act on medical grounds
- (c) Wanneer die bestuur van 'n behandelingsentrum dit ook al nodig ag
Whenever the management of a treatment centre deems it necessary

Volle naam/Full name		
Geboortedatum/Date of Birth	Lengte/Height	Gewig/Weight

Mediese Geskiedenis: (ook operasies en littekens) Medical History: (operations and scars included)		
.....		
Ingeënt teen Vaccinated against		
.....		
Mobiliteit/Mobility		
Beweeg maklik Moves freely	Beweeg moeilik Moves with difficulty	Maak van hulpmiddels gebruik Makes use of walking aid
Huidige mediese behandeling: Present medical treatment:		
.....		
Mediese Ondersoek: Medical Examination:		
(1)	Hart-bloedvatstelsel Cardiovascular system	.....
(2)	Bloeddruk Blood pressure	.....
(3)	Longstelsel Pulmonary system	.....
(4)	Lewer en spysverteringstelsel Liver and alimentary system	.....
(5)	Spier- en skeletstelsel Muscular-skeletal system	.....
(6)	Senuweestelsel Nervous system	.....
(7)	Tande Teeth	.....
(8)	Vel Skin	.....
(9)	Oor, neus en keel Ear, nose and throat	.....
(10)	Urinstelsel Urinary system	Eiwit Albumin
(11)	Oë Eyes	Suiker Sugar
(12)	Aansteeklike siektes Contagious diseases	.....
	Is onmiddellike afsondering noodsaaklik? Is immediate isolation essential?	Ja / Yes Nee / No
(13)	Geestesstoestand Mental condition	.....
	Is optrede ingevolge die Wet op Geestesgesondheid nodig? Is action in terms of the Mental Health Act necessary?	Ja / Yes Nee / No
	Indien nie, is psigiatriese aandag nodig? If not, is psychiatric treatment required?	Ja / Yes Nee / No
(14)	Is die persoon geskik vir ligte fisiese werk? Is the person fit to carry out light physical work?	Ja / Yes Nee / No
(15)	Algemene opmerkings: General remarks:	.....

.....
GENEESHEER/PHYSICIAN

.....
PLEK / PLACE

.....
DATUM / DATE