

PROVINCIAL ADMINISTRATION: WESTERN CAPE  
SOCIAL SERVICES BRANCH

MEDICAL CERTIFICATE Act 70 of 2008

This certificate should be completed only in the following instances:

- (a) Admission of treatment.
- (b) Discharge from the provisions of the Act on medical grounds.
- (c) Whenever the management of a treatment centre deems it necessary.

Full name

Date of birth

Length

Weight




Medical history (operation and scars included) .....

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Vaccinated against .....

Mobility

Moves freely

Moves with difficulty

Make use of medical aid

Present medical treatment .....

Medical Examination:

(1) Cardiovascular system .....

(2) Blood pressure .....

(3) Pulmonary system .....

(4) Liver and alimentary system .....

(5) Muscular-skeletal system .....

(6) Nervous system .....

(7) Teeth .....

(8) Skin .....

(9) Ear, nose and throat .....

(10) Urinary system .....

(11) Eyes .....

(12) Contagious diseases .....

Is immediate isolation essential? ..... YES ☐ NO ☐

(13) Mental condition .....

Is action in terms of the Mental Health Act necessary? ..... YES ☐ NO ☐

If not, is psychiatric treatment required? ..... YES ☐ NO ☐

(14) Is the person fit to carry out light physical work? ..... YES ☐ NO ☐

(15) General remarks: .....

.....  
PHYSICIAN

.....  
PLACE

.....  
DATE