I HEREBY CERTIFY that on ........................................, 20......,
at .................................................................................., I examined
................................................................. and found him/her to be —
(1) not suffering from any of the disabilities referred to in Note 1;
(2) not physically defective except (see Note 2) .................................................................
(3) not suffering from favus, frambesia or yaws, leprosy, scabies, syphilis, trachoma, tuberculosis or any other disease prescribed in terms of section 7 (c) of the Immigration Act.

Signature of Medical Practitioner...........................................................

Qualifications................................................................

Address.................................................................

Note 1: The disabilities referred to in paragraph (1) are:
(a) being an idiot;
(b) being an imbecile;
(c) being a feeble-minded person;
(d) being an epileptic;
(e) having had a previous attack of insanity;
(f) suffering from constitutional psychopathic inferiority;
(g) suffering from chronic alcoholism.

Note 2: Any physical defects should be stated with an indication of their nature and extent.