

MEDICAL CERTIFICATES & SCRIPT PADS

Talk2

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DR. NAME

**SPECIALITY
QUALIFICATIONS**

MP 0000005 PR 0000000

Contact Details

Physical address

Medical Certificate

Name: _____

D.O.B. _____

Address: _____

Tel: _____

Undersigned hereby certifies that

.....
was examined by me on

.....(date of examination)

According to my knowledge / as I was informed he/she was unfit

for work from to/including

due to ILLNESS / OPERATION / INJURY

Nature of illness/operation/injury

.....
.....
.....
.....

Dr. Monique Marais _____ Date/Datum _____



DR. NAME
SPECIALITEIT
Kwalifikasies

Adres 1
Adres 2
Hermanus 7200

Posbus 1234
Hermanus 7200

PR: 00000000

Tel: 000 000 0000
Fax: 000 000 0000
Na Ure: 000 000 0000 8

MEDIESE SERTIFIKAAT / MEDICAL CERTIFICATE

Ondergetekende sertifiseer dat / Undersigned hereby certifies that

.....
deur my ondersoek was op / was examined by me on

.....(datum van eerste ondersoek)
(date of first examination)

en weer op / and again on

.....(datum van laaste ondersoek)
(date of last examination)

Volgens my kennis / soos my meegedeel was hy/sy onbekwaam
According to my knowledge / as I was informed he/she was unfit

vir werk vanaf tot en met
for work from up to (including)

weens SIEKTE / OPERASIE / BESERING
due to ILLNESS / OPERATION / INJURY

Aard van siekte / operasie / besering – Nature of illness / operation / injury:

.....
.....
.....
.....
.....

.....
Handtekening / Signature

.....
Datum / Date



DR. NAME
SPECIALITY
QUALIFICATIONS

PR NUMBER

Date:	<input type="text"/>
Patient	
Name:	_____

Address:	_____

Medical Aid	
Name:	_____
Number:	_____

PRIMARY ICD 10 CODE	SECONDARY ICD 10 CODE

Contact Details
Physical Address

DR. NAME

SPECIALITY

QUALIFICATIONS

MP 00000 PR 00000000 Qualifications

Contact details

Physical Address

Name: _____

D.O.B. _____

Address: _____

Tel: _____

ICD10

Please supply the following:

Date: _____

Rx

Dr. Monique Marais