

MEDICAL CONDITION	MEDIËSE TOESTAND
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Medical practitioner's judgement on whether the applicant's condition in respect of the following disorders will affect the applicant's ability to drive a motor vehicle without endangering public safety:

Mediese praktisyn se oordeel of die aansoeker se toestand met betrekking tot die volgende ongesteldhede, die aansoeker se vermoë om 'n motorvoertuig te bestuur sonder om die publiek in gevaar te stel, sal beïnvloed:

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|--|--|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|-----|----|----|-----|--|
| <p>a. Diabetes mellitus (requiring medication).</p> <p>b. Thrombosis or any other coronary disease.</p> <p>c. Respiratory dysfunction.</p> <p>d. High blood pressure.</p> <p>e. Epilepsy, muscular, vascular or neuro muscular disease.</p> <p>f. Mental, nervous or functional disease or psychiatric disorder.</p> <p>g. Loss of hearing (need for hearing aid should be recorded).</p> <p>h. Excessive use of intoxicating liquor, amphetamines, narcotics or any habit forming drug.</p> <p>i. Alcoholism.</p> <p>j. Impairment of the use of an arm, hand or fingers, leg or foot.</p> <p>k. Loss of limbs (leg, foot, arm or hand, need for artificial limbs should be recorded).</p> <p>l. Any other disease or disability.</p> | <table border="1" style="margin: 5px auto;"> <tr><td style="padding: 2px;">yes</td><td style="padding: 2px;">no</td></tr> <tr><td style="padding: 2px;">ja</td><td style="padding: 2px;">nee</td></tr> </table>
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| yes | no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ja | nee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ja | nee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If the answer to any of the above was "Yes", give full details:

Indien die antwoord op enige van die bostaande "Ja" was, verskaf volledige besonderhede:

DECLARATION	VERKLARING
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I, the medical practitioner:

Ek, die mediese praktisyn:

(a) declare the applicant, excluding the eye test, for purposes of driving a motor vehicle, as

medically fit	medically unfit
medies geskik	medies ongeskik

(a) verklaar die aansoeker, die oogtoets uitgesluit, vir doeleindes van die bestuur van 'n motorvoertuig, as

(b) declare that all the particulars furnished by me in this form are true and correct; and

Signature	Handtekening
Place	Plek

(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrekk is, waar en korrek is; en

(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.

Date	2:0	:	:	:	Datum
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(c) besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.

Y/J M D

<p>Date stamp of office of Doctor</p> <p>Datumstempel van kantoor van Dokter</p>
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