

MEDICAL CONDITION	MEDIËSE TOESTAND					
<p>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:</p>	<p>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:</p>					
a. Diabetes mellitus (requiring medication).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	a. Diabetes mellitus (benodig medikasie).
yes	no					
ja	nee					
b. Thrombosis or any other coronary disease.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	b. Trombose of enige ander koronêre siekte.
yes	no					
ja	nee					
c. Respiratory dysfunction.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	c. Asemhalingswanfunksie.
yes	no					
ja	nee					
d. High blood pressure.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	d. Hoë bloeddruk.
yes	no					
ja	nee					
e. Epilepsy, muscular, vascular or neuro muscular disease.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	e. Epilepsie, spier-, vaskulêre of senuwee-aantastende siekte.
yes	no					
ja	nee					
f. Mental, nervous or functional disease or psychiatric disorder.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	f. Brein, senuwee of funksionele siekte of sielkundige afwyking.
yes	no					
ja	nee					
g. Loss of hearing (need for hearing aid should be recorded).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	g. Verlies van gehoor (behoefte aan gehoortoestel moet aangeteken word).
yes	no					
ja	nee					
h. Excessive use of intoxicating liquor, amphetamines, narcotics or any habit forming drug.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	h. Oormatige gebruik van sterk drank, amfetamines, dwelms of enige ander gewoonte-vormende middels.
yes	no					
ja	nee					
i. Alcoholism.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	i. Alkoholisme.
yes	no					
ja	nee					
j. Impairment of the use of an arm, hand or fingers, leg or foot.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	j. Aantasting van die gebruik van 'n arm, hand of vingers, been of voet.
yes	no					
ja	nee					
k. Loss of limbs (leg, foot, arm or hand, need for artificial limbs should be recorded).	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	k. Verlies aan ledemate (been, voet, arm of hand, behoefte aan kunsledemate moet aangeteken word).
yes	no					
ja	nee					
l. Any other disease or disability.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	yes	no	ja	nee	l. Enige ander siekte of ongeskiktheid.
yes	no					
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									
<p>I, the medical practitioner:</p>	<p>Ek, die mediese praktisyn:</p>									
(a) declare the applicant, excluding the eye test, for purposes of driving a motor vehicle, as	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">medically fit</td> <td style="padding: 2px;">medically unfit</td> </tr> <tr> <td style="padding: 2px;">medies geskik</td> <td style="padding: 2px;">medies ongeskik</td> </tr> </table>	medically fit	medically unfit	medies geskik	medies ongeskik	(a) verklaar die aansoeker, die oogtoets uitgesluit, vir doeleindes van die bestuur van 'n motorvoertuig, as				
medically fit	medically unfit									
medies geskik	medies ongeskik									
(b) declare that all the particulars furnished by me in this form are true and correct; and	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Signature</td> <td style="padding: 2px;">Handtekening</td> </tr> <tr> <td style="padding: 2px;">Place</td> <td style="padding: 2px;">Plek</td> </tr> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">Datum</td> </tr> </table>	Signature	Handtekening	Place	Plek	Date	Datum	(b) verklaar dat alle besonderhede wat deur my op hierdie vorm verstrekk is, waar en korrek is; en		
Signature	Handtekening									
Place	Plek									
Date	Datum									
(c) realise that a false declaration is punishable with a fine or one year imprisonment or both.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2:0</td> <td style="padding: 2px;">:</td> <td style="padding: 2px;">:</td> <td style="padding: 2px;">:</td> </tr> <tr> <td style="text-align: center;">Y/J</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td></td> </tr> </table>	2:0	:	:	:	Y/J	M	D		(c) besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.
2:0	:	:	:							
Y/J	M	D								

Date stamp of
office of Doctor

Datumstempel van
kantoor van Dokter