

ANNEXURE A

MEDICAL CERTIFICATE IN RESPECT OF DISABLED PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA (To be completed by district surgeon/medical practitioner and submitted with Housing Subsidy Application Form)										
1. Name of subsidy applicant:										
2. Postal Address:										
3. Identity No										
4. Name of disabled person										
5. Relation of disabled person to applicant, if not applicant:										
Husband*		Wife*		Long term partner*		Child*		Financial dependant*		
6. Nature of Disability*										
CATEGORY	NATURE	DEGREE								
A	Walking	Walking aids								
B	Walking	Wheel chair - partial usage								
C	Walking	Wheel chair - full time usage								
D	Hearing	Partially/profound deaf								
7. Special Requirement*										
7.1	Access to house - 12 square metres of paving and ramp at doorway - Groups A, B & C									
7.2	Kick plates to doors - Groups A, B & C									
7.3	Grab rails and lever action taps in bathroom - Groups A, B & C									
7.4	Visual door bell indicators - Group D									
8. Particulars of district surgeon/medical practitioner										
8.1	Surname:									
8.2	Full Names:									
8.3	Postal Address:									
8.4	Registration Number with the Medical and Dental Council:									
8.5	Telephone Number: ()									
8.6	Facsimile Number: ()									
I certify that the above details are true and correct.										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Signature:</td> <td style="width: 50%; text-align: center;">..... MEDICAL PRACTITIONER/</td> <td style="width: 30%; text-align: right;">Date:</td> </tr> </table>								Signature: MEDICAL PRACTITIONER/	Date:
Signature: MEDICAL PRACTITIONER/	Date:								

* Tick (T) whichever is applicable.