

MEDICAL DECLARATION

I, the Medical Practitioner,

- a) Declare the applicant for the purposes of handling and navigating a small power vessel limited at sea and all inland waters. Under or equal 9m.

FIT OR **UNFIT** *Please mark with X*

- b) Declare that all the particulars furnished by me on this form are true and correct.

SIGNATURE: _____

MEDICAL PRACTITIONER: _____

PLACE: _____

PROVINCE: _____

PRACTICE NAME: _____

PRACTICE TEL NO: _____

ADRESS: _____

OFFICIAL STAMP

PARTICULARS OF CANDIDATE

SURNAME: _____

FULL NAMES: _____

I D NUMBER: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT NO: CELL NO: _____ HOME: _____

