Annex 4

Medical Certificate [1]

Details of Person Responsible for the Household or any other Family Member

Identity Card Number: * _____ Title: * _____

Name: * _____ Surname: * _____

Date of Birth (DD/MM/YYYY): * _ _ / _ _ / _ _ _ _

Contact Number: * _____ Email: _____

Address

House Name / Number: * _____ Locality: * _____

Street: * _____ Post Code: * _____

Certification from Medical Practitioner

I certify that I have examined the person mentioned above and in my opinion, he / she suffers from *

_____

_____

_____

_____

_____

_____

and this condition renders him / her incapable for work for a period of _____

_____ _____

Name of Medical Practitioner Medical Council Number

_____ _____

Signature Date

Rubber Stamp

[1] This application must be completed whenever the Person Responsible for the Household applying for Social Assistance or any member of his/her household is unable for work from a medical aspect.