UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Disability Rights Unit

1986 – 2026 40th ANNIVERSARY

MEDICAL PRACTITIONER'S FORM

PARTICULARS OF CLIENT

Name: _____

Address: _____

E-Mail address: _____

Telephone number: _____

Identity number: _____

PARTICULARS OF MEDICAL PRACTITIONER

Name: _____ Practice or HPCSA No: _____

Address: _____

E-Mail: _____ Telephone number: _____

I, _____ (medical practitioner's full name), identity number _____, and practice number or HPCSA number _____, do hereby declare the following:

1. I am a qualified medical practitioner and qualified and practicing specialist in

   _____

   (state area of speciality)

2. I have examined _____

   (state client's name and identity number) on _____ (date)

3. It is my professional opinion that she/he suffers from the following medical condition / physical / learning disability:

   _____

   _____

   _____

   _____

DSM 5TR Diagnosis/ ICD 11 Code _____

4. Permanent or temporary disability? _____

5. It is my professional opinion the patient experiences the following limitations as a result of their disability/impairment/medical condition(s):

   _____

   _____

   _____

   _____

   _____

6. Further details about the patient's diagnosis, the history of the condition, and the duration of its effects are clearly documented in the attached reports. (Refer to footnote).

7. In my professional opinion, I would make the following recommendations:

   _____

   _____

   _____

   _____

   _____

   _____

8. Please provide a comment on the prognosis and treatment plan as well

_____

_____

_____

_____

_____

_____

_____

I, _____ (state practitioner's name), confirm that the above and the attached documentation are a true and correct reflection of the condition of the patient.

_____(Name)

_____(Signature)

_____ (Date)

PRACTITIONER'S STAMP

<u>Please note the following:</u>

1. **The document or attached report should be written within the past 2 years.**
2. **The document or attached report must be printed on the practitioner's official letterhead**