



South African Deep Sea Angling Association

GOVERNING BODY OF GAME FISHING IN SOUTH AFRICA

Suid-Afrikaanse Diepsee-Hengelassosiasie

BEHERENDE LIGGAAM VAN SPORTVIS-HENGEL VIR SUID-AFRIKA

P O BOX 73486, LYNNWOOD RIDGE, 0040

TEL: 012 809 0663; FAX: 012 809 0978

MEDICAL CERTIFICATE

Medical Practitioner's judgement on whether the applicant's condition in respect of the following disorders will affect the applicant's ability to handle a small power driven vessel under or over 9m in length. These vessels include under 9m ski boats, semi-rigid inflatables and inflatables and over 9m fishing vessels and motor cruisers or barges.

Diabetes Mellitus (Requiring medication)	YES / NO
Thrombosis or any other coronary disease	YES / NO
Respiratory Dysfunction	YES / NO
High Blood Pressure	YES / NO
Epilepsy, Muscular, Vascular or Neuro-muscular Disease	YES / NO
Mental, Nervous, or Psychiatric Disorder	YES / NO
Loss of hearing (Need for hearing aid should be recorded)	YES / NO
Excessive use of intoxicating liquor, amphetamines, narcotics, or any habit forming drug	YES / NO
Alcoholism	YES / NO
Loss of limbs or impairment or need for artificial limbs should be recorded	YES / NO
Any other disease or disability	YES / NO

If the answer to any of the above was "Yes", give the full details:

DECLARATION

I, the Medical Practitioner,

- a) Declare the applicant for the purposes of handling and navigating a small power vessel at sea

Under 9m

or

Over 9m

Medically fit

or

Medically Unfit

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

SIGNATURE:

MEDICAL PRACTITIONER:

PLACE:

STATE:

PRACTICE NAME:

PRACTICE TELEPHONE NUMBER:

ADDRESS:

OFFICIAL STAMP

PARTICULARS OF CANDIDATE:

SURNAME:

FIRST NAMES:

ID NUMBER:

POSTAL ADDRESS & CODE:

RESIDENTIAL ADDRESS & CODE:

CONTACT NUMBER:

E-MAIL:
