



Dear Sir/ Madam

NATAL JOINT MUNICIPAL PENSION/KWAZULU-NATAL JOINT MUNICIPAL PROVIDENT FUNDS MEDICAL EXAMINATION OF MEMBERS

In terms of the provisions of the respective Regulations governing the Funds, a new member is required to produce to the funds, at equal cost to the employer and the funds, such evidence of health as the Funds Committee of Management may require.

A member who fails to produce such evidence of health shall be deemed to be not in a sound state of health for the purpose of the Regulations and the said members benefit will be restricted for a ten year period or until such time as the required evidence of health is received by the Fund.

Please find enclosed a Medical Certificate, the first section of which must be completed and signed by yourself, with the second section (Medical report) being completed by the Medical Practitioner performing your medical examination. Please hand the medical certificate and attachments to said Medical Practitioner who will on completion of your examination forward the same directly to the fund.

Yours faithfully

S. Camilleri
PRINCIPAL OFFICER



TO THE MEDICAL PRACTITIONER WHO PERFORMS A MEDICAL EXAMINATION

Dear Doctor

NATAL JOINT MUNICIPAL PENSION/ KWAZULU-NATAL JOINT MUNICIPAL PROVIDENT FUNDS MEDICAL EXAMINATION OF NEW MEMBERS

In terms of the provisions of the respective Regulations governing the Funds, a new member is required to produce to the funds such evidence of health as the Funds Committee of Management may require. Please find attached the Funds Medical Certificate for completion by the new member and yourself.

Section 7 of the Employment Equity Act prohibits the medical testing of employees by their employer. However, the medical testing of new members by a Pension Fund is permitted and justifiable in the light of the fair distribution of employee benefits, provided that the results of the said testing are not made known to the employer.

In the light of the above and in order to ensure compliance with the Act it is necessary that the attached Medical Certificate be returned directly to the Fund by yourself in the reply paid envelope provided for this purpose.

Please ensure that under no circumstances at all are the results of your examinations made known, in any way, to the employer.

Your statement of account in respect of this examination must however be forwarded to the employer for processing in the normal manner.

Thank you for your cooperation in this regard.

Yours faithfully

S. Camilleri
PRINCIPAL OFFICER



**Natal Joint Municipal Pension
KwaZulu-Natal Joint Municipal
Provident Funds**

"Your Fund, Your Savings, Your Future"



MEDICAL CERTIFICATE/ISIFAKAZISO SEMPILO YOMUNTU

**DECLARATION BY APPLICANTS FOR ADMISSION TO THE PENSION FUND
ISIFUNGO ESIGCWALISWA NGUMUNTU OFUNA UKUBAYILUNGA LEMPESHENI**

1. Name (in full)/Amagama (ngokugcwele) _____

Municipality employed at/ Umasipala okuqashile _____

Occupation/ Inhlobo yomsebenzi _____

Place of birth: Born at _____ on the _____ day of _____ 20 ____
Indawo yokuzalwa: Wazalwa e _____ ngomhlaka _____ ku _____

ID .Number /Inombolo kamazisi _____ Age at last birthday _____
Wawuneminyaka emingaki
nyakeni odlule

2. Are you suffering, or have you suffered, from / Sikuphethe noma sakesakuphatha esinye salezizifo

a) Any disease of the nervous system such as epileptic or other fits, fainting or mental _____
disease?

Isifo semizwa njengesithuthwane, sokuwa, esokuquleka noma sengqondo?

b) Any affection of the throat, spitting of blood, habitual cough, bronchitis, asthma , _____
pleurisy inflammation or other disease of the lungs, or from disease of the heart?

Noma esiphathelene nomphimbo, sokukhwehlela njalo, samanzi emaphasheni, sesifuba noma
isifo senhliziyo?

c) Venereal disease, dropsy, inflammation or other disease of the bowels, from disease _____
of the liver, of the kidneys or other urinary organs?

Isifo samasoka, sokubhajwa, sokuvuvukala kumbe isifo sasemathunjini, isifo sesibindi,
sezinso noma esomtshazo?

3. Have you worked on any Gold Mine? If so, state whether you left on account of phthisis _____
or similar complaint.

Wake waqashwa ezimayini zegolide? Uma kunjalo, chaza noma wayeka ngoba uphethwe wufuba
noma into eyayiphathelene naso?

4. Are you a Phthisis beneficiary? _____
Uyahola ngenxa yalesisifo sofuba

5. Have you suffered from rheumatic fever or chronic rheumatism? _____
Wake waphathwa isifo samathambo noma samalunga aqaqambayo omzimba?

6. Have you any bodily deformity? _____
Umzimba wakho uxhwalile na?

7. Have you undergone or been recommended to undergo any operation? _____
(Nature of operation to be stated)
Kunokwenzeka yini nomasewake wahlinzwa? (Akuchaze ngokuhlinzwa kwakho)

8. From what other illness or accidents have you suffered and at what dates? _____
Iyiphin ingozi noma ukulunga asekwake kwakuphatha futhi kusiphi isikhathi noma iminyaka?

9. Is there any other circumstance or information relative to yourself or your family _____
history of a kind which may affect your future health?
Ikhona yini imininingwane kumbe imilando ongayinika eqondene nawe kumbe ngomndeni wakho engase ikhubaze ikusasa lempilo yakho?

I declare that the above answers are true and that in making them I have not concealed nor withheld information regarding any matter or circumstance having a bearing on my present or future health.

Ngiyafunga ukuthi zonke izimpendulo ezingenhla zingamaqiniso nanokuthi ekuziphenduleni angifihlanga lutho namininingwane, nasi esinganobugci ngenamhlanje noma ngekusasa lempilo yami.

Date/Usuku _____ 20 _____

Witness/Ufakazi _____
(Signature/Uphawu)

Applicant/Umqashwa _____
(Signature/Uphawu)

NB: All questions must be fully answered
Qaphela: Yonke imibuzo mayiphendulwe ngokugcwele

CONFIDENTIAL
MEDICAL REPORT

Medical Report on Mr/Miss/Mrs _____
(Circle the one applicable to you)

a candidate for appointment in the service of the _____

Municipality, as _____
(State nature of post to which appointment refers)

1. Age and other particulars

a)

Age	Height (without shoes)	Weight kg.	Measurement of chest at nipple line
			(a) On full inspiration: cm
			(b) On full expiration: cm

(b) Do the foregoing particulars reveal any departure from the normal? _____
(Describe any abnormality in detail and indicate probable cause thereof)

2. Respiratory System

a) State whether chest well developed _____

b) State whether any evidence of an old or commencing disease _____

c) Report on X-ray of chest
(ALL APPLICANTS TO HAVE X-RAY) _____

3. Circular Respiratory

a) Are the impulses and sound of the heart natural and the organ, and also the arteries, normal in every respect? _____

b) Blood pressure
Systolic _____
Diastolic _____

4. Genito-Urinary System

a) State whether there is any disease or abnormality of the kidneys, bladder or bladder or other part of the genito-urinary system. _____

b) Is albumen sugar, pus, blood or other abnormal constituent present in the urine? _____

5. a) Is the applicant suffering from any of the following complaints: _____
Rheumatism, new growths, tubercle, syphilis, epilepsy, paralysis, fits, asthma, spitting blood, hernia, haemorrhoids, varicocele, flatfoot or any other complaint of the alimentary, nervous or endocrine system? (Where possible describe nature and/or extent of complaint).

c) If the answer to 5 (a) is “YES” a summary of diagnostic criteria and treatment received should be attached to this form.

6. Is the applicant maimed, deformed or physically defective or disfigured in any way? _____

7. Has the applicant any defect of: 1. Hearing? _____ 2. Sight? _____

3. Speech? _____ 4. Teeth? _____

8. From your examination and observations do you consider that the applicant is in good health and free from any physical or mental defect, disease or infirmity which would be likely to interfere with the proper performance of duty or to necessitate retirement therefrom earlier than the prescribed age of retirement (65 years)?

YES ☐ NO ☐

9. (If your answer to Question 8 be “NO” state fully the reason for your opinion).

Date: _____

Place: _____

(Name and qualifications of Medical Practitioner)