



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

## MEDICAL CERTIFICATE OF DISABILITY FOR SUBMISSION TO THE FUND BY THE APPLICANT'S MEDICAL PRACTITIONER

### **PORTION A:**

Particulars of Employee (to be completed by employee's supervisor)

1. Initials and Surname \_\_\_\_\_
2. ID Number \_\_\_\_\_
3. Pension Number \_\_\_\_\_
4. Designation \_\_\_\_\_
5. Employing Local Authority \_\_\_\_\_
6. Principal functions of employee's present occupation  
\_\_\_\_\_  
\_\_\_\_\_

### **PORTION B:**

Medical Report (to be completed by employee's medical practitioner)

It will be appreciated if you complete this portion of the form

1. Full particulars of the employee's illness or disability  
\_\_\_\_\_  
\_\_\_\_\_
2. Full particulars of any remedial action by yourself or other medical practitioners regarding the above illness:  
(Specialist reports can be attached)  
\_\_\_\_\_  
\_\_\_\_\_
3. In what respect and to what extent does the employee's state of illness hinder him in the performance of his daily duties as described in Portion A?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your Anchor in Uncertain Storms*

4. Is the employee permanently unable to practice his regular occupation?  
If no, provide details.

Yes

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No

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5. Was the illness/disability through the employee's own fault or caused by his behaviour?  
Please provide details.

Yes

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No

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Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEDICAL PRACTITIONER

\_\_\_\_\_  
SIGNATURE OF WITNESS