



REPUBLIC OF SOUTH AFRICA

FORM 7

**MEDICAL REPORT AND AGE ASSESSMENT OF CHILD
IN TERMS OF SECTION 48(2) OF THE CHILDREN'S ACT, 2005 (ACT NO. 38 OF 2005)**

**REGULATIONS RELATING TO CHILDREN'S COURTS AND INTERNATIONAL CHILD ABDUCTION, 2010
[Regulation 10(2)]**

A. MEDICAL REPORT OF PERSON WHOSE AGE IS ESTIMATED

I PERSONAL PARTICULARS								
Surname:								
Full names:								
Gender:								
Residential address:								
	Code ()							
Phone number(h):	()							
II MEDICAL PARTICULARS								
General								
Height:					Weight:			
Condition of								
Lungs:								
Heart:								
Teeth:								
Apparent impairment: Indicate degree								
Sight:								
Hearing:								
Speech:								
Orthopaedic:								
Neurological:								
Intellectual:								
Other								
Presence of any diseases:	Yes	No	Presence of any infections:	Yes	No	Presence of any injuries:	Yes	No
If 'Yes' to presence of any disease/ infection/injury, specify:								

Physical development according to *his/her age:	Normal	Abnormal	If abnormal: specify
Nutrition:	Adequate	Deficient	If deficient: specify
Vaccinations:	Yes	No	If 'No': Specify
Substance abuse:	Yes	No	If 'Yes': Specify
Other observations:	Yes	No	If 'Yes': Specify
Medical or other treatment required or recommended:	Yes	No	If 'Yes': Specify

Date.....

Place.....

.....
Medical Practitioner

D.S. Ref No.:

B. MEDICAL ASSESSMENT OF AGE

Surname:	
Full names:	
ASSESSMENT	
Height:	
Weight:	
Breasts:	
Molar teeth:	
Pubic hair:	
Auxiliary:	
Facial:	
Genitals:	

OPINION

On the grounds of the above-examination, and *his/her general appearance, dressed and undressed, * his/her—

- (a) age is assessed at being between..... and
Most probable age
- (b) possible date of birth, taking the above-mentioned into account, could be:

REMARKS:

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Date.....

Place.....

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Medical Practitioner