

COVID-19 Essential service permit

(please put it on a practice or hospital letterhead)

ANNEXURE C - FORM 1

Permit to attend Essential Services

Regulation 11B (3)

Please note that the person to whom this permit is issued must at all times have a form of identification to be presented with this permit. If no identification is presented, the person to whom the permit is issued will have to return to his or her place of residence during the lockdown.

I, the treating physiotherapist

Surname				
Full names				
Identity number				
Contact details	Cell nr	Tel nr (w)	Tel nr (H)	E-mail address
Physical address of Institution				

Hereby certify that, the permit holder mentioned below, need to attend essential services:

Surname		
Full names		
Identity number		

Signed at, _____ on this the
_____ day of _____ 2020.

Signature of Head of Institute

Official stamp of the Institution