



REPUBLIC OF NAMIBIA

HEALTH QUESTIONNAIRE

THIS FORM MUST BE COMPLETED BY CANDIDATES FOR PERMANENT APPOINTMENT / TRANSFER IN THE GOVERNMENT SERVICE.

FOR DEPARTMENTAL USE	
Accepted / rejected in accordance with directions	
Signature	
Date:	Rank:
Department:	

A

1. Surname (in block letters)		Identity No.:	
2. First Names:			
3. Age:	yrs.	4. Height:	cm
		5. Body mass:	kg

B

Are you suffering, or have you ever suffered from:	Mark with an "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
1. Any skin disease ?			
2. Any affection of the skeleton and or joints ?			
3. Any affection of the eyes, ears, nose or teeth			
4. Any affection of the heart or circulatory system ?			
5. Any affection of the chest or respiratory system ?			
6. Any affection of the digestive system ?			

Please turn over

Are you suffering, or have you ever suffered from:	Mark with an "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
7. Any affection of the urinary system and / or genital organs ?			
8. Any nervous affection or mental abnormality ?			
9. Any other illness ?			

C

	Yes	No
1. Do you suffer from any defect of hearing, speech or sight ?		
2. Are you physically disable and do you use artificial limbs ?		
GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:		

D

	Yes	No
Have you undergone any operation(s) ?		
GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)		

E

I declare that the above information is true and correct and that I have not withheld any information regarding my health.

.....

Signature Date

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