



PUBLIC SERVICE OF NAMIBIA HEALTH QUESTIONNAIRE

**THIS FORM MUST BE COMPLETED BY
CANDIDATES FOR PERMANENT
APPOINTMENT/TRANSFER IN THE
PUBLIC SERVICE**

FOR DEPARTMENTAL USE

Accepted / rejected in accordance with directions

Signature :

Rank :

Date :

Department :

A

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

B.

Are you suffering, or have you ever suffered from	Mark with a "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?	Yes	No
3. Any affection of the eyes, ears, nose or teeth?	Yes	No
4. Any affection of the heart or circulatory system?	Yes	No
5. Any affection of the chest or respiratory system?	Yes	No

Please turn over . . . /

Are you suffering, of have you ever suffered from	Mark with a "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
6. Any affection of the digestive system?		
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 disabled and do you use artificial limbs?		

GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:

D.

Have you undergone any operation(s)?	Yes	No

GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATIONS(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