



## 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, 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
6. Any affection of the digestive system?	Yes	No	..... .....
7. Any affection of the urinary system and / or genital organs?	Yes	No	..... .....
8. Any nervous affection or mental abnormality?	Yes	No	..... .....
9. Any other illness?	Yes	No	..... .....

**C.**

1. Do you suffer from any defect of hearing, speech or sight?	Yes	No
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