HEALTH QUESTIONNAIRE

NOTE:
This questionnaire must be completed by the applicant together with his/her application for employment.

FOR OFFICIAL USE ONLY

Undergo a medical examination: **Yes/No**

Accepted for employment: **Yes/No**

Rejected: **Yes/No**

SIGNATURE

PRINT NAME: .....

DATE: .....

SECTION I

1. PERSONAL PARTICULARS OF APPLICANT

1.1 SURNAME: .....

1.2 NAMES: .....

1.3 DATE OF BIRTH: .....

1.4 HEIGHT (in cm): .....

1.5 WEIGHT (in kg): .....

1.6 IDENTITY NUMBER: .....

1.7 MARITAL STATUS: (mark the appropriate answer with a cross)

MARRIED ..... SINGLE ..... DIVORCED .....

SECTION II

ARE YOU SUFFERING OR HAVE YOU EVER SUFFERED FROM	MARK WITH A CROSS IN THE APPROPRIATE COLUMN	IF THE ANSWER IS YES, GIVE DETAILS OF THE NATURE, SEVERITY, DATE AND DURATION OF THE ILLNESS
1. ANY SKIN DISEASE?	YES.... NO....	
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....	
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 ABNORMALITY?	YES.... NO....	
9. ANY OTHER ILLNESS (e.g. treatment against habit forming drugs or alcohol?)	YES.... NO....	

SECTION III

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? YES ..... NO .....

Give details of the nature and severity of the disability:

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SECTION IV

Have you undergone any operation(s)? YES ..... NO ....
Details:

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SECTION V

Are you (in the case of ladies) presently pregnant? YES ..... NO .....

If so, when is the due date? (month) .....

I declare that the above particulars are complete and correct and I understand that any false information supplied could lead to immediate discharge.

Signature **Date**