MEDICAL QUESTIONNAIRE
PERSONAL PARTICULARS (in block letters)

VDH Industrial Hygiene cc
CK 96/06757/23

Surname:		**First names:**
Date of Birth:	**Height:**	**Mass:**
Position applied for		

MEDICAL HISTORY

Are you suffering or have you ever suffered from:	**Mark the appropriate block with An X**	**If any answer is "Yes", give details of the nature, severity, date and duration of the illness**
1. Heart disorder, or rheumatic fever, heart murmur, shortness of breath, palpitations, chest pain, angina pectoris or coronary thrombosis?	**Yes** ☐ **No** ☐	…………………………………………………….. …………………………………………………….. ……………………………………………………...
2. High blood pressure, disease of the blood vessels or circulatory system, for example cramps in the calves when exercising or walking, stroke, etc?	**Yes** ☐ **No** ☐	……………………………………………………. ……………………………………………………. ……………………………………………………..
3. Respiratory or lung ailments, for example asthma, bronchitis, persistent cough, tuberculosis?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….
4. Disorder of the digestive system, gall bladder, pancreas or live, for example gastric or duodenal ulcer, recurrent indigestion, hiatus hernia, rectal bleeding, piles or jaundice?	**Yes** ☐ **No** ☐	……………………………………………………. ……………………………………………………. ……………………………………………………..
5. Disease or disorder of kidneys, bladder or reproductive organs, for example protein in the urine, kidney stones, prostitutes, cystitis, venereal disease or AIDS?	**Yes** ☐ **No** ☐	……………………………………………………. ……………………………………………………. ……………………………………………………..
6. Nervous or mental disorder, for example epilepsy, blackouts. Paralysis, anxiety state or depression?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….
7. Eye, ear, nose, mouth or throat disorder, for example defective vision, hearing loss, ear discharge, or hoarseness?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….
8. Disorder or disease of the skin, muscles, bones, joints, limbs or spine, for example rheumatism, arthritis, gout, slipped disc or other back problem?	**Yes** ☐ **No** ☐	……………………………………………………. ……………………………………………………. ……………………………………………………...
9. Diabetes, sugar in urine, thyroid other glandular or blood disorders?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….
10. Cancer, growth or tumour of any kind?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….

11. Any tropical disease, for example bilharzias or malaria?	**Yes** ☐ **No** ☐	……………………………………………………. …………………………………………………….
12. Any other illness, disorder, operation, disability or accident	**Yes** ☐ **No** ☐	……………………………………………………… ………………………………………………………
13. Have you had any X-rays taken, ECG's, other examinations or operations done or have you been hospitalised?	**Yes** ☐ **No** ☐	……………………………………………………… ………………………………………………………
14. Have you taken any prescribed sedatives, tranquillisers or drugs for medical or other reasons? State present medication dosing and reason as well as those of the past?	**Yes** ☐ **No** ☐	……………………………………………………… ……………………………………………………… ……………………………………………………..… ………………………………………………………
15. **(For female applicants)** Have you ever had or have you now any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or confinement, for example caesarean section, miscarriage or abortion?	**Yes** ☐ **No** ☐	……………………………………………………… ……………………………………………………… ……………………………………………………… ……………………………………………………… ………………………………………………………
16. **(For female applicants)** Are you now pregnant? If "Yes", how many months?	**Yes** ☐ **No** ☐	……………………………………………………… ………………………………………………………

STATEMENT BY THE APPLICANT

I declare and warrant that this personal statement is complete and true, and also that I understand and agree that this statement together with any other relevant documents, shall be the basis of the appointment applied for.

Signed at……………….……….. this……….. day of……………….. 20………

……………………….
Signature