

## MEDICAL QUESTIONNAIRE (Confidential)

Applicant ID	
Employee ID	

a. Personal Information									
Full Names				Surname					
Gender				Date of Birth					
Identity/Passport No				Marital Status					
Division/Cluster/Portfolio				Department/Impact Area					
Family Doctor				Doctor's Tel No					
Nature of previous job									
b. Occupational History									
Type of Exposure	Yes	No	If Yes, please specify the nature and duration of the exposure						
1. Chemical exposure									
2. Noise exposure									
3. Dust exposure									
4. Asbestos exposure									
5. Mining or working underground									
6. Other									
c. Medical History - Specific									
Do you at present, or have you previously had any problems/defects/illnesses relating to the following:									
	Yes	No		Yes	No		Yes	No	
1. Allergies			i. Insect bite			10. Back			
a. Medication			2. Heart			11. Varicose veins piles, hernia			
b. Grass, pollen, etc.			3. Lungs			12. Muscles			
c. Hay fever			4. Kidneys			13. Skeletal (Bones)			
d. Asthma			5. Stomach			14. Operations			
e. Eczema			6. Nervous system			15. Congenital deformity / disability			
f. Post nasal drip			7. Ear, Nose, Throat			16. Injuries / accidents			
g. Sinusitis			8. Skin			17. Other illnesses i.e. cancer, epilepsy, diabetes, porphyria, tuberculosis, thrombosis etc.			
h. Chronic cough			9. Eyes						
d. General									
	Yes	No		Yes	No		Yes	No	
18. Do you use medicine regularly?			21. Have you experienced any notable change in weight during the past 2 years?						
19. Do you smoke?			22. Have you during the past 3 years been absent from work due to ill health? (If yes, state the number of days in section f below)						
20. Do you drink alcohol?									

### e. Mental Health

23. Have you ever undergone psychological or psychiatric treatment? If you have had any traumatic experience(s) during the past two years which has/have changed your life drastically, please give particulars

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#### f. Further Particulars

Please provide full details below of questions above to which you answered in the affirmative (Yes)

[illegible]

<b>Signature</b>		<b>Date</b>	
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**g. For completion by CSIR Medical Centre**

a. Fit for pension fund		c. Fit for selected work		e. Rejected	
b. Fit for any type of work		d. Reconsider			

<b>Health Practitioner Signature</b>		<b>Date</b>	
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