

FundsAtWork Namibia Independent disability evaluation

Member number

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

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Claims assessor's name

Section 1: Scheme details

Scheme name

Scheme code

Name of employer

Section 2: Member details

Title Initial/s First name

First name

Surname

Date of birth - -

National identity document Yes No Identity / Passport number

Passport country of origin

Telephone

Cellphone number

Residential address

Postal Code

Postal address

Postal Code

Email address

Section 3: Member's general information

1. Education and occupational history

Educational level achieved, post-school training, apprenticeship, in-house training, etc

2. Occupation

Present occupation details as described by the member

Does the member have a driving license? Yes No

3. Family background

Marital status Single Married Divorced Widow Widower Other

Spouse's work details

Number of dependants and their ages

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Section 3: Member's general information (continued)

4. Financial background

Type of accommodation Owned Rented Other

If Other, please specify

List all major debts and outstanding amounts	Description of debts	Outstanding amount
		N\$
		N\$
		N\$

5. History of disability

Describe in chronological point form the cause, date of onset and development of the current disability. Include names of medical attendants, their location and medical procedures conducted in the management of the disability

6. Past medical history

Previous significant unrelated illnesses or accidents

7. Current treatment

Names of practitioners or clinics managing treatment and list of medication

8. Current activities and impairments

Describe any activities which the member carries out

Leisure Specify

Domestic chores Specify

Other Specify

Does the member Drive a vehicle Go shopping Play sport

9. Habits

9.1 How many cigarettes does the member smoke per day

9.2 How many units of alcohol does the member consume per week?
 (1 unit = 1 bottle of beer or 1 glass of wine or 1 tot of spirits/liquor)

9.3 Substance abuse (describe)

10. Psychological profile

Your assessment as to the member's attitudes, insight, motivation, degree of overlay, etc

Date of examination - -

Place of examination

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Section 3: Member's general information (continued)

Format of examination
(ie language, interpreter, whether accompanied, etc)
Date of report

[Empty box for format of examination]																	
D	D	-	M	M	-	Y	Y	Y	Y								

Section 4: Medical examination

Height	[] cm	Weight	[] kg
Chest inspiration	[] cm	Expiration	[] cm
Abdominal girth	[] cm		
Limb measurements (if applicable, either length or circumference if wasting or shortening present)	[]		
General appearance (clothing, grooming, demeanour, crutches, braces, etc)	[]		
General examination (skin, lymph nodes, breasts)	[]		
Musculoskeletal examination (include detailed description of deformities)	[]		
Cardiovascular system	[]		
Blood pressure	[]		
Pulse rate	[]		
Heart	[]		
Circulation	[]		
ECG (If indicated)	[]		
Respiratory system	[]		
Lung function test (If indicated)	[]		
Abdominal examination	[]		
Genitourinary examination	[]		
Neurological examination	[]		
Fundoscopy and visual acuity (if applicable)	[]		
Urine	[]		
X-Ray examinations requested (include copy of report)	[]		
Laboratory examinations requested (include copy of report)	[]		
Lab name and branch	[]		

