

DEAR MEMBER

Should you wish to add any dependant (spouse, adult dependant and/or child(ren), older than 1 month) to your membership, kindly complete the questionnaire below and please attach copies of the dependant('s)

Id or Birth Certificate or Passport

[marriage certificate](#)

For office use

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Email nammed@paramount.com.na info@nammed.org.na
Web www.nammed.info www.nammed.com.na
Address 1 John Ludwig str, Klein Windhoek

Name and surname of dependant

Date of birth

Nammed membership number Join date

Current medical aid fund

1. Is above dependant pregnant at present? If so, how many months? Months
2. Has the dependant ever suffered from any of the following?

| | |
|---|---|
| Y | N |
|---|---|

 - 2.1 Any disorder of the heart, e.g. rheumatic fever, heart murmur, coronary artery disease, chest pain, shortness of breath or palpitations?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.2 High blood pressure or disease of the blood vessels or circulatory disorder?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.3 Any respiratory or lung trouble, e.g. asthma, bronchitis, persistent cough, tuberculosis?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.4 Any disorder of the digestive system, gall bladder or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.5 Disease or disorder of kidneys, bladder or reproductive organs, e.g. albumin in urine, kidney stones, prostatitis, pancreatitis or venereal disease?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.6 Any nervous or mental complaint, e.g. epilepsy, black-outs, paralysis, anxiety or depression?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.7 Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.8 Disorder or disease of muscles, bones, joints, limbs, spine, e.g. rheumatism, arthritis, gout, slipped disc or other back trouble?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.9 Diabetes, sugar in urine, thyroid or other glandular or blood disorder?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.10 Cancer, growth or tumour of any kind?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.11 Any tropical disease, e.g. bilharzia?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.12 Any other illness, disorder, disability or accident which required medical, radiological, surgical or pathological investigations during the past 3 years?

| | |
|---|---|
| Y | N |
|---|---|
 - 2.13 Received or expect to receive any medical advice, counseling, treatment or blood test in connection with AIDS or an AIDS-related condition?

| | |
|---|---|
| Y | N |
|---|---|
3. Does the dependant have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as result of an accident, disease or some other cause?

| | |
|---|---|
| Y | N |
|---|---|
4. Does the dependant suffer from any ailment or disease at present?

| | |
|---|---|
| Y | N |
|---|---|
5. Are there any other circumstances not mentioned elsewhere in this declaration/questionnaire, relating to past or present diseases, accidents, operations or other conditions including pregnancy for which advice has been sought or treatment has been received or recommended during the past 5 years?

| | |
|---|---|
| Y | N |
|---|---|
6. Is the dependant expecting to undergo any procedure, operation, confinement or receive any major dental treatment during the next 12 months?

| | |
|---|---|
| Y | N |
|---|---|

If you answered "YES" to one or more of the above questions please provide us with:

- a letter from a General Practitioner or Specialist which shall include the following information:
 - Name of patient, illness and/or condition and the date when treatment was received.
 - If future treatment is recommended, the likely date and duration of treatment have to be specified.

Principal Member Date