

MINISTRY OF SOCIAL SECURITY AND NATIONAL SOLIDARITY

YEARLY RETURN - INDOOR RELIEF

INFIRMARIES RECEIVING CAPITATION GRANT

July 2004 - June 2005

Name of infirmary:.....

Please fill in this return (in duplicate) and return the original copy not later than **2nd August 2005** to:

Statistics Unit, Ministry of Social Security and National Solidarity,
Social Security House, 3rd Level
Rose Hill

Name of officer in charge: Signature:.....

Date:

Telephone No:

1. Please state no. of inmates:

- (a) as at 30.06.2005
- (b) admitted 01.07.2004 to 30.06.2005.
- (c) discharged 01.07.2004 to 30.06.2005
- (d) who died 01.07.2004 to 30.06.2005
- (e) total no. of inmates as at 30.06.2005

Male	Female	Both Sexes

Note: 1(e) = 1(a)+1(b)-1(c)-1(d)

2. Please state the age distribution of inmates on roll as at 30.06.2005

Age (years)	Male	Female	Both Sexes
Under 20			
20-24			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			
60-64			
65-69			
70-74			
75-79			
80-84			
85-89			
90 & over			
Total = 1(e)			

3(a). Please state number of inmates of male sex by age and type of disability, if any as at 30.06.2005

MALE

Type of disability	A g e (Y e a r s)																
	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90& over	Total
Loss of both limbs																	
Loss of both hands																	
Loss of all fingers or both thumbs																	
Loss of sight																	
Total paralysis																	
Partial paralysis																	
Loss of an arm at shoulder																	
Loss of a leg at the hip																	
Total deafness																	
Mental diseases																	
Heart diseases																	
Rheumatism																	
Asthma																	
Diabetes																	
Cancer																	
Dumb																	
Other n.e.c(including those suffering from multiple disabilities)																	
Inmates with no disabilities																	
TOTAL																	

3(b). Please state number of inmates of female sex by age and type of disability, if any as at 30.06.2005

FEMALE

Type of disability	A g e (Y e a r s)																
	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90& over	Total
Loss of both limbs																	
Loss of both hands																	
Loss of all fingers or both thumbs																	
Loss of sight																	
Total paralysis																	
Partial paralysis																	
Loss of an arm at shoulder																	
Loss of a leg at the hip																	
Total deafness																	
Mental diseases																	
Heart diseases																	
Rheumatism																	
Asthma																	
Diabetes																	
Cancer																	
Dumb																	
Other n.e.c(including those suffering from multiple disabilities)																	
Inmates with no disabilities																	
TOTAL																	