

Post Job-Offer Medical History Questionnaire

This information will be kept confidential in a separate medical file, apart from my personnel file.

NAME: _____

1. Have you ever had or been treated for any of the following conditions or diseases?

YES	NO		YES	NO	
—	—	Epilepsy	—	—	Rheumatic Fever
—	—	Diabetes	—	—	High Blood Pressure
—	—	Cardiac Disease (Heart Trouble)	—	—	Varicose Veins
—	—	Amputation of Foot, Leg, Arm or Hand	—	—	Leg Ulcer
—	—	Total Loss of Sight in One or Both Eyes or	—	—	Chest Pain
—	—	Partial Loss of Corrected Vision of more	—	—	Tuberculosis
		than 75% bilaterally	—	—	Allergies
—	—	Residual Disability from Polio	—	—	Hay Fever or Asthma
—	—	Cerebral Palsy	—	—	Skin Trouble
—	—	Multiple Sclerosis	—	—	Reaction to Serum or Drug
—	—	Parkinson's Disease	—	—	Kidney or Bladder Trouble
—	—	Hemophilia	—	—	Ulcer
—	—	Chronic Osteomyelitis (bone infection)	—	—	Head Injury
—	—	Hyperinsulinism	—	—	Cancer
—	—	Thrombophlebitis (inflammation of a vein	—	—	Dizziness or Fainting Spells
		with a blood clot)	—	—	Arthritis or Rheumatism
—	—	Herniated Intervertebral disc (slipped disc)	—	—	Knee Injury
—	—	Surgical Removal of Intervertebral disc or fusion	—	—	Backache
—	—	Total Deafness	—	—	Shoulder Injury
—	—	Menisectomy (removal of cartilage from knee)	—	—	Alcoholism
—	—	Patellectomy (knee cap removal or replacement)	—	—	Drug Addiction
—	—	Ruptured Cruciate Ligament of the Knee	—	—	Severe Headaches
—	—	Surgical or spontaneous fusion of a major	—	—	Chronic Cough
		weight bearing joint	—	—	Shortness of Breath
—	—	One or more back injuries or diseased process	—	—	Nervous Breakdown
		of the back resulting in disability over 120 days	—	—	Mental Illness, Psychiatric Treatment
—	—	Prior Industrial Accidents with this Company	—	—	or Professional Counseling
		or Affiliated Company	—	—	Any permanent physical condition
					which constitutes a 20 percent impairment
					of a member or the body as a whole

2. Please list any condition or disease for which you have been treated in the past 3 years. If no treatment has been provided, write "none".

3. Have you ever been hospitalized? If so, for what? If you have not been hospitalized, write "none".

4. Have you ever been treated by a psychiatrist or psychologist? If so, for what condition? If no such treatment has been received, write "none".

5. Have you ever been treated for any mental condition? If no such treatment has been received, write "none".

6. Is there any health-related reason you may not be able to perform the job for which you are applying? If yes, please explain. If no reason, write "none".

7. Have you had a major illness in the last five years? If yes, please explain. If none, write "none".

8. How many days were you absent from work because of illness last year? If none, write "none". _____

9. Do you have any physical defects which preclude you from performing certain kinds of work? If yes, please describe such defects and specific work limitations. If none, write "none".

10. Do you have any disabilities or impairments which may affect your performance in the position for which you are applying? If none, write "none".

11. Are you taking any prescription medications? If yes, state the medication and the reason for taking it. If no medications are being taken, please write "none".

12. Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical provider and dates of treatment. If no treatment has been provided, write "none".

13. Have you ever filed for Workers' compensation insurance? If yes, please describe in detail. If no, please write "none".

Witness Signature _____ Applicant Signature _____

Witness Signature _____