MEDICAL HISTORY QUESTIONNAIRE

I herewith affirm that the employer has made an offer of employment to me, conditioned on the satisfactory completion of this questionnaire,and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated on the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions found in the attached medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and have been offered a job.

Name: _____

Social Security Number: _____

Signature: _____

_____ Witness

_____ Witness

STATE OF

COUNTY OF

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

	Yes	No
Epilepsy		
Diabetes		
Cardiac disease (heart trouble)		
Amputation of foot, leg, arm or hand		
Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally		
Residual disability from poliomyelitis (polio)		
Cerebral palsy		
Multiple sclerosis		
Parkinson's disease		
Hemophilia		
Chronic osteomyelitis (bone infraction)		
Hyperinsulinism (low blood sugar)		
Muscular dystrophy		
Thrombophlebitis (Inflammation of a vein with a blood clot formed in the vein)		
Herniated intervertebral disk (slipped disk)		
Surgical removal of an intervetebral disk or spinal fusion		
Total deafness		
Mental retardation		
Meniscectomy		
Patellectomy		
Ruptured Cruciate Ligament		
Surgical or Spontaneous Fusion of a major weight bearing joint		
One or more back injuries or diseased process of the back resulting in disability over a total of 120 or more days		
Prior industrial accidents with this company or affiliated company		
Any permanent physical condition which constitutes a 20 percent impairment of a member or of the body as a whole		
Rheumatic fever		
High blood pressure		
Varicose veins or leg ulcer		
Chest pain		
Tuberculosis		
Allergies		
Hay fever or Asthma		
Skin trouble		
Reaction to serum or drug		
Kidney or bladder trouble		
Ulcers		
Head injury		

Cancer		
Dizziness or fainting spells		
Arthritis or rheumatism		
Knee injury		
Backache		
Shoulder injury		
Alcoholism		
Drug addiction		
Severe headaches		
Chronic cough		
Shortness of breath		
Nervous breakdown		
Mental illness, psychiatric treatment or professional counseling		

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

_____

3. Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized, if none, state
none."_____

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

5. Have you ever been treated for any mental condition? If no such treatment has been received, state "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.

_____

7. Have you had a major illness in the past 5 years? If none, state "none."

_____
___

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

_____

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

_____
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10. Do you have any disabilities or impairments, which may affect your performance in the position for which you are applying?

_____

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

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

_____
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_____
__

13. Have you ever filed for workers' compensation insurance?

_____

_____ _____

Applicant for Employment Date