

POST HIRING MEDICAL QUESTIONNAIRE

Welcome To Our Company! This questionnaire is solely for the purpose of providing us with information. The questionnaire is not being used as the basis for deciding whether to employ you.

Name: _____ **Height** _____ **Weight:** _____
 _____ :

Soc. Sec.#: _____ **Driver's License:** _____ **Telephone:** _____

Instructions: Answer YES or NO to the following questions. If your answer is YES list the approximate date of injury or treatment and give the details (doctor hospital etc.) in the space for details after the last questions. Be sure to number your responses if you answered YES to more than one questions. Do not use checks. Do not skip any questions.

1.	Have you ever had a back injury? _____ When?_____
2.	Have you ever had a herniated intervertebral disc in your back? _____ When?_____
3.	Have you ever had back surgery for removal of a disc ? _____ When?_____
4.	Have you ever had a neck injury ? _____ When?_____
5.	Have you ever had a herniated disc in your neck ? _____ When?_____
6.	Have you ever had neck surgery for removal of a disc ? _____ When?_____
7.	Have you ever had a knee injury ? _____ When?_____ Which knee? _____
8.	Have you ever had surgery on either of your knees ? _____ When?_____ Which knee? _____
9.	Have you ever had surgery on either of your shoulders? _____ When?_____ Which shoulder? _____
10.	Have you ever had an elbow injury? _____ When?_____ Which elbow? _____
11.	Have you ever had surgery on either of your elbows? _____ When?_____ Which elbow? _____
12.	Do you have or have you ever had an amputation of your foot, leg, arm or hand? _____ When? _____
13.	Do you have or have you ever had epilepsy? _____ When?_____
14.	Do you have or have you ever had diabetes? _____ When?_____
15.	Do you have or have you ever had cardiac disease (Heart Trouble)? _____ When?_____
16.	Do you have or have you ever had total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally? _____ When?_____
17.	Do you have or have you ever had cerebral palsy? _____ When?_____
18.	Do you have or have you ever had multiple sclerosis? _____ When?_____
19.	Do you have or have you ever had Parkinson's disease? _____ When?_____
20.	Do you have or have you ever had vascular disorder? _____ When?_____
21.	Do you have or have you ever had psychoneurotic disability following treatment in a recognized medical or mental institution for a period in excess of 6 months? _____ When?_____
22.	Do you have or have you ever had muscular dystrophy? _____ When?_____
23.	Do you have or have you ever had loss of hearing? _____ When?_____
24.	Do you have or have you ever had mental retardation? _____ When?_____
25.	Do you have or have you ever had any physical or mental condition which you believe may be permanent? _____ Briefly describe the condition _____

(Please complete the reverse side of this questionnaire.)

26.	Do you have or have you ever had high blood pressure? _____	When? _____
27.	Do you have or have you ever had varicose veins or leg ulcer? _____	When? _____
28.	Do you have or have you ever had tuberculosis? _____	When? _____
29.	Do you have or have you ever had allergies or asthma? _____	When? _____
30.	Do you have or have you ever had skin trouble? _____	When? _____
31.	Do you have or have you ever had reaction to serum or drugs? _____	When? _____
32.	Do you have or have you ever had kidney or bladder trouble? _____	When? _____
33.	Do you have or have you ever had ulcers? _____	When? _____
34.	Do you have or have you ever had head injury? _____	When? _____
35.	Do you have or have you ever had cancer? _____	When? _____
36.	Do you have or have you ever had arthritis or rheumatism? _____	When? _____ Where? _____
37.	Have you ever been ruptured (has a hernia?) _____	When? _____ Which side? _____
38.	Do you have or have you ever had carpal tunnel syndrome? _____	When? _____ Which wrist? _____
39.	Have you ever had any injury, operation or any disability not covered by the above questions? _____ When? _____	
40.	Is there any question you do not understand? _____ Which questions? _____	
Space for Details:		
All statements and information provided are true to the best of my knowledge and belief. Misrepresentations, as to preexisting physical or mental conditions, may void your workers' compensation benefits		
Name of Applicant (Printed) _____		
Name of Applicant (Signed) _____		
TO BE COMPLETED BY EMPLOYER		
Reviewed by: _____ Title: _____ Date: _____		