HEALTH QUESTIONNAIRE

This information is requested in the event of a future work injury and for other lawful employment purposes, and is not required until employed. Employer does not discriminate in hiring, promotion, or retention policies or practices against persons who have, in good faith, filed a claim for or received benefits under any Worker's Compensation Law.

Date: _____ Social Security Number: _____

Name: _____ Gender: ☐ M ☐ F

Mailing Address: _____ City, State, Zip: _____

PERSONAL MEDICAL HISTORY

Please mark answers to all questions! If any of your answers to these questions are marked "yes," please provide a full explanation of the condition and any past or ongoing treatment below.

Have you ever had or have you been treated for:

Yes	No	
☐	☐	Epilepsy
☐	☐	Diabetes
☐	☐	Cardiac Disease
☐	☐	Arthritis
☐	☐	Amputated foot, leg, arm, or hand
☐	☐	Loss of sight of one eye or both eyes
☐	☐	Loss of uncorrected vision
☐	☐	Spondylolisthesis
☐	☐	Residual disability from polio
☐	☐	Cerebral Palsy
☐	☐	Multiple sclerosis
☐	☐	Parkinson's Disease
☐	☐	Cerebral vascular accident
☐	☐	Tuberculosis

Yes	No	
☐	☐	Silicosis
☐	☐	Hemophilia
☐	☐	Chronic osteomyelitis
☐	☐	Osteoporosis
☐	☐	Ankylosis of joints
☐	☐	Hyperinsulinism
☐	☐	Muscular dystrophies
☐	☐	Arteriosclerosis
☐	☐	Thrombophlebitis
☐	☐	Varicose veins
☐	☐	Heavy metal poisoning
☐	☐	Ionizing radiation injury
☐	☐	Compressed air sequelae
☐	☐	Ruptured intervertebral disc

Yes	No	
☐	☐	Do you have any physical defects or any partial disability?
☐	☐	Do you have any condition that may require a special work assignment?
☐	☐	Have you ever filed for compensation or received benefits as a result of an occupation injury or accident?
☐	☐	Have you ever received a partial disability? %
☐	☐	Have you ever been advised to have a surgical operation or medical treatment that has not been done?

GENERAL HISTORY

List surgery, illness or injuries, name and address of hospital or physicians. Please explain in detail above questions marked yes.

I hereby certify that I have answered the above questions to the best of my knowledge and the answers are true and complete. I understand that misrepresentation or omission of facts is cause for dismissal and may result in denial of workers' compensation benefits.

Signature _____ Date _____