



Confidential Post-Offer Medical Questionnaire

Name:	SSN:
Location:	Position:

Important! Failure to provide correct answers may prevent your receiving workers' compensation benefits.
Do you now or have you had any of the following conditions? (Check yes or no)

YES	NO		YES	NO	
		Epilepsy			Sickle Cell Anemia
		Diabetes			Chronic Osteomyelitis
		Arthritis			Ankylosis of Major Weight Bearing Joints
		Amputated Foot, Leg, Arm or Hand			Hyperinsulinism
		Loss of Vision in Either or Both Eyes			Muscular Dystrophy
		Poliomyelitis			Loss of Hearing
		Cerebral Palsy			Compressed Air Sequelae
		Multiple Sclerosis			Ruptured Intervertebral Disc
		Parkinson's Disease			Any permanent condition which constitutes a 20% impairment of a foot, leg, hand, arm or of the body as a whole.
		Cardiovascular Disorder			
		Tuberculosis			
		Hemophilia			

List any disease or impairment, which you have that is not listed above:	
Height:	Weight:
Physical Limitations (describe):	
Sight:	
Hearing:	
Hands:	
Feet:	
Hernia:	
Other:	
Date of last physical examination:	Purpose of examination:
Results:	

Confidential Post-Offer Medical Questionnaire *(continued)*

Do you wear glasses? yes no

Give date of last eye examination:

What serious illness have you had in past 5 years?

Have you ever had any problem with your back? yes no

If yes, give the date and details (include names of treating physicians):

Have you ever been injured on the job? If so, what part of the body was injured?

Did you receive worker's compensation? yes no

Did you receive any permanent disability? yes no

If so, explain:

Have you ever had surgery? yes no

If so, give approximate dates and nature of each surgery:

I hereby declare that the information provided by me in this Post-Offer Medical Questionnaire is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact shall be considered cause for revocation of the offer of employment or cause for termination.

Signature: _____

Date: _____

Name (please print): _____