

Pre-Employment Medical History

Company / Position _____					
Medications _____					
Drug Allergies _____					
Last Tetanus _____					
Have you ever had or do you now have any of the following? (If yes, please describe below.)					
	Yes	No		Yes	No
1. Anemia or blood disease			30. Head injury		
2. Heart trouble, rheumatic fever or murmur			31. Back injury, ruptured disc		
3. High blood pressure			32. Arthritis, bursitis		
4. Chest pain or angina			33. Bone or joint disease		
5. Shortness of breath			34. Sexually transmitted disease		
6. Frequent colds or persistent cough			35. Recent weight gain or loss		
7. Diseases of the lungs, asthma			36. Been denied employment for health reasons		
8. Allergy, hay fever			37. Been refused application for life insurance		
9. Eye trouble			38. Filed an industrial claim		
10. Deafness or ear trouble			39. Had health problems from exposure to chemicals		
11. Major illness			40. Handicaps or limitations		
12. Operations			41. Had problems from vibrating tools		
13. Skin disease or rash			42. Out of work more than a week due to injury/illness		
14. Varicose veins or leg sores			43. Been under the care of a doctor in the past year		
15. Cancer or tumors			44. Taken medication for several months or years		
16. Stomach or intestinal trouble			45. Been on street drugs or methadone program		
17. Liver, gall bladder problems, jaundice			46. Are you now taking drugs or medication		
18. Hemorrhoids, rectal bleeding			47. Do you smoke		
19. Hernia			48. Packs per day		
20. Diabetes			49. If no, have you ever smoked _____ Number of years _____		
21. Thyroid problems			50. Do you drink alcoholic beverages		
22. Sugar or albumin in urine			51. How many drinks per day _____ per week _____		
23. Kidney or bladder trouble			52. Were you ever a heavy drinker or member of AA		
24. Frequent headaches or migraines			53. When		
25. Dizziness, fainting spell, epilepsy, fits					
26. Mental illness or nervousness					
27. Paralysis, nerve disease or injury					
28. Severe injury					
29. Broken bones					

For women only:	Yes	No		Yes	No
54. Date of last PAP smear			57. Date of last menstrual period		
55. Female disorders			58. Number of pregnancies_____		
56. Painful or irregular menstruation			59. Number of children_____		

Please explain yes answers to the above questions:

Consent: I hereby certify that all of the above information is a true and complete history of my medical conditions, illnesses, operations, injuries and accidents. I hereby authorize this medical group to disclose to my present or prospective employer any information acquired in the physical exam. Falsification or withholding of information from this questionnaire may be cause for dismissal at any time during employment. I understand that the purpose of this examination is to determine my medical suitability only for the job position for which I am applying. The medical examination is only a part of the application/post offer process and it in itself does not decide whether or not I get this job. I further understand that my health is my personal responsibility and that I will consult my personal physician for any health problem now present or noted in the exam. I fully understand that this examination **is not** a diagnostic examination.

Applicant's Signature_____

Date_____

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