



PRE-PLACEMENT MEDICAL HISTORY

Name:

Date:

Employer:

Job Title:

Details

1. Do you have any present symptoms or known medical conditions?
2. Do you take any medications regularly?
3. Have you or do you have any allergies?
4. Have you had any medical visits or tests in the past year?
5. Have you received any compensation awards, disability insurance or pension because of illness or injury?
6. Do you have any chronic conditions, diseases or medical conditions?
7. Have you ever missed any work time because of an injury (on-the-job or off-the-job)?
8. Have you ever been turned down for a job or for insurance because of a health condition or a physical examination?
9. Have you ever been turned down or released from the Armed Forces because of a health condition or a physical examination?
10. Have you had any surgery or hospitalization? Give dates and reasons.
11. Have you had glaucoma or other serious eye problems or injuries?
12. Have you had any ear injuries or surgery?
13. Have you had any loss of hearing?
14. Have you ever been told you had a heart or blood vessel disease?
15. Have you had a heart attack (coronary, myocardial infarction)?
16. Have you ever had an abnormal electrocardiogram (EKG)?
17. Have you had angina (pain or tightness in your chest or arms during exertion)?
18. Have you had irregularity, thumping, or racing of your heart beat?
19. Have you ever had any heart murmurs?
20. Do you get any regular vigorous exercise?
21. Have you ever been told you had high blood pressure?
22. Have you ever taken any heart medicine, blood thinners, water pills, digitalis, etc.?
23. Have you ever had elevated cholesterol or triglycerides?
24. Do you ever have shortness of breath?
25. Have you ever had asthma?
26. Have you had or do you have any lung or chest disorder or surgery?
27. Do you have any respiratory or sleep disorders, such as sleep apnea, narcolepsy, etc.
28. Do you have any difficulty using respirators?
29. Have you ever had jaundice or liver or gall bladder disorder?
30. Have you had disturbances of bowel habits such as troublesome pain, diarrhea, or constipation?

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31. Have you ever vomited blood?
32. Have you ever had any black or bloody bowel movements or bled from the rectum?
33. Have you ever had abdominal disorders such as stomach or intestinal spasms, ulcer, colitis, diverticulitis, pancreatitis or other disorder?
34. Have you had a hernia? (Location)
35. Have you had or do you have any kidney or bladder disorder?
36. If female, are you pregnant?
37. Have you had stiffness or loss of motion, swelling or pain in any joints?
38. Have you had bone or joint disease, fractures, or dislocation?
39. Have you had back or neck injuries, pain or other disorders?
40. Have you ever had any back, neck, bone, joint or muscle condition(s) that caused you to miss any work time or limit any of you activities (on-the-job or off-the-job)?
41. Have you ever had any back, neck, bone, joint or muscle problems (including amputations, fractures or surgery)?
42. Have you had a skin reaction to any substances or any persistent or recurrent skin conditions?
43. Have you had a seizure, convulsion, repeated fainting or dizzy spells?
44. Have you had migraines, recurrent headaches, or head injuries?
45. Have you had neuralgia, neuritis, nerve disorders or injury?
46. Have you had a psychiatric or emotional illness or nervous disorder?
47. Have you had or do you have throid trouble or goiter?
48. Have you had or do you have diabetes or excessive thirst?
49. Have you ever smoked (cigarettes, cigars, pipe),chewed tobacco or rubbed snuff?
Do you now smoke, chew, or rub?
Less than 1 pack a day 1 to 2 packs a day More than 2 packs a day
Number of years smoking? Year stopped smoking.
50. Do you drink alcohol?
Do you drink more than three ounces (90cc) of liquor in a day?
Do you drink more than two cans or bottles of beer in a day?
Do you drink more than eight ounces (240cc) of wine in a day?
51. Have you ever had any abnormal findings or disease/condition not covered elsewhere in this questionnaire?

I give my permission to release any and all information both written and verbal, regarding my medical condition(s) or files to or its designee. I certify that all of my responses are true to the best of my knowledge. I understand that any falsification of information may result in disciplinary action, up to and including termination of my employment with .

Employee Printed Name

Date

Employee Signature