

## Post Employment Offer Medical Questionnaire

It is the policy of this company not to discriminate against employees suffering from any physical or mental condition resulting from injury or illness. It is very important that you provide complete and accurate information concerning any physical or mental problems you may have. This will allow us to determine what job may be appropriate for you to help prevent injury to you or any of your co-workers. Failure to provide accurate information may affect your rights to recover workers' compensation benefits for any future injury.

Please answer the following questions fully and completely:

- 1) Do you have a physical or mental condition which you believe is or may be permanent?

\_\_\_\_\_

If so, briefly describe the condition.

- 2) What physical activity or job activity might this medical condition make more difficult?

- 3) Do you suffer from or have you ever been diagnosed as having:

Epilepsy _____	Diabetes _____	Arthritis _____
Amputation of foot, Leg, arm or hand _____	Loss of sight in one or both eyes _____	Polio _____
Cerebral Palsy _____	Multiple Sclerosis _____	Parkinson's Disease _____
Heart or Cardiovascular Condition _____	Tuberculosis _____	Mental Retardation or Mental Illness _____
Hemophilia _____	Sickle Cell Anemia _____	Osteomyelitis _____
Anklyosis of major weight-bearing joints _____	Hyperinsulism _____	Muscular Dystrophy _____
Loss of hearing _____	Compressed Air Sequelae _____	Herniated Disc _____

- 4) Any other medical condition:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date