POST-JOB OFFER MEDICAL QUESTIONNAIRE

Applicant's Name: _____ Job Title: _____

Hiring Department - Describe any unusual physical demands of position:

_____

_____

NOTICE TO APPLICANTS: In compliance with the Americans with Disabilities Act of 2008 (ADA), you have received a conditional offer of employment. This medical history statement is required of all offerees. The answers to the medical history statement and any medical examination will be kept confidential and in separate files in compliance with the ADA requirements. The job offer which you have received is conditioned upon satisfactory completion and review of this medical history statement and any required medical examination or follow up.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) OF 2008: Title II of the GINA prohibits employers and other entities by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to a request for medical information. "Genetic information," as defined by GINA, includes an individual's family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member and genetic information of an embryo lawfully held by an individual or family member receiving assistive reproductive services.

APPLICANT AFFIRMATION: I herewith affirm that the employer has made me an offer of employment, conditioned on the satisfactory completion of this questionnaire and any required medical examination or follow-up. The purpose of this inquiry is: to determine whether I currently have the physical qualifications necessary to perform the job that has been offered; to determine whether and what accommodations may be necessary; and to determine whether I can perform the essential functions of the job, without posing a significant direct threat to the health and safety of myself and others. This information will be kept strictly confidential in a separate medical file, apart from my personnel file. I hereby affirm that the questions in the medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a conditional job.

1. Do you have any physical or mental disease, disorder, defect, handicap, disability, deformity or abnormality, or any other condition (including alcoholism or any drug use or dependency) which might affect your attendance at work or ability to do this job?

   ☐ YES ☐ NO

   If yes, please explain fully and state what reasonable accommodation would permit you to perform the job satisfactorily.

   _____

   _____

   _____

2. Have you within the last two years had an illness which caused you to be absent from work or school for more than one week?

   ☐ YES ☐ NO

   If yes, please explain:

   _____

   _____

3. Do you have or have you ever had reactions to chemicals for which you sought medical attention?

   ☐ YES ☐ NO

   If yes, please explain:

   _____

POST-JOB OFFER MEDICAL QUESTIONNAIRE

continued

4. Have you ever had or been treated for any of the following conditions or diseases?

Herniated Disc	☐ YES	☐ NO
Knee injury	☐ YES	☐ NO
Surgical removal of disc or spinal fusion	☐ YES	☐ NO
Back injury	☐ YES	☐ NO
Hernia or rupture	☐ YES	☐ NO
Neck injury, pain or problems	☐ YES	☐ NO
Chest Pain	☐ YES	☐ NO
Shoulder injury	☐ YES	☐ NO
Arthritis or rheumatism	☐ YES	☐ NO
Arm/hand injury	☐ YES	☐ NO
Wrist problems, including Carpal Tunnel Syndrome	☐ YES	☐ NO
Broken bones	☐ YES	☐ NO
Ankylosis (immobility) of ankles, knees, hips	☐ YES	☐ NO
Tendonitis/bursitis	☐ YES	☐ NO
Head injury	☐ YES	☐ NO
Loss of sight or hearing	☐ YES	☐ NO
Amputations	☐ YES	☐ NO
Epilepsy, fainting spells, or dizziness	☐ YES	☐ NO
Heart disease	☐ YES	☐ NO
Numbness, tingling or swelling or hands or feet	☐ YES	☐ NO
Frequent headaches or migraines	☐ YES	☐ NO
Diabetes	☐ YES	☐ NO
High blood pressure	☐ YES	☐ NO
Respiratory problems such as asthma, allergies or lung disease	☐ YES	☐ NO
Depression, anxiety, or other diagnosed mental health disorders	☐ YES	☐ NO
Surgery	☐ YES	☐ NO
Have you ever refused surgery?	☐ YES	☐ NO

5. If you answered "YES" to any of the above, please explain in detail (including dates, body parts and treating physicians):

_____

_____

_____

POST-JOB OFFER MEDICAL QUESTIONNAIRE

continued

6. Have you ever been hospitalized for any of the above conditions? ☐ YES ☐ NO

   If "YES", for which condition? If you have not been hospitalized, state "none."

   _____

7. Have you ever had an MRI? ☐ YES ☐ NO

   If so, please explain:

   _____

8. Have you ever been forced to give up a job for health reasons? ☐ YES ☐ NO

   If so, please explain:

   _____

9. Have you ever been hurt on the job or filed a workers' compensation claim in the past?

   ☐ YES ☐ NO

   If "YES", how many times? _____

   If "YES", in what years? _____

   If "YES", was any claim denied? ☐ YES ☐ NO

   If "YES", how many claims were denied? ☐ YES ☐ NO

10. Has a doctor given you an impairment rating? If so, please provide the reason and the percentage of impairment. If you have not been given an impairment rating, state "none."

    _____

11. Have you ever been refused a driver's license due to your health? ☐ YES ☐ NO

    If so, please explain:

    _____

12. How many lbs. can you lift comfortably without help?

    ☐ Less than 15 lbs ☐ 15-25 lbs ☐ 25-39 lbs ____ ☐ ≥ 40 lbs ____

13. Are you taking any prescribed drugs that would interfere with your job performance?

    ☐ YES ☐ NO

    If yes, please list the medications. If you are not taking any medications, state "none."

    _____

The above statements are true to the best of my knowledge. I understand that any misstatement of fact is grounds for disciplinary action up to and including termination. I further understand that any willful misrepresentation of any medical condition can serve to bar any future claim for workers' compensation benefits.

_____	_____	_____
Signature	Print Your Name	Date
_____		_____
CCG Representative		Date