TO BE COMPLETED ONLY AFTER OFFER OF EMPLOYMENT BUT BEFORE EMPLOYMENT BEGINS

flexicrew
workforce.flexibility.

POST EMPLOYMENT OFFER MEDICAL QUESTIONNAIRE

NAME: Aspen Games SSN: 304-19-0458 HEIGHT: _____ WEIGHT: _____

This information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures, hiring, advancement or discharge of the employee; employee compensation job training; and other terms, conditions, and privileges of employment.

PLEASE CHECK THE APPROPRIATE BOX EACH ILLNESS/INJURY REQUIRES A Yes (Y) or No (N)

Y	N		Y	N	
☐	☑	Diabetes	☐	☑	Cerebal Palsy
☐	☑	Silicosis	☐	☑	Tuberculosis
☐	☑	Asbestosis	☐	☑	Multiple Sclerosis
☐	☑	Hyperinsulinism	☐	☑	Kidney Disorder
☐	☑	Alzheimer's	☐	☑	Seizure Disorder
☐	☑	Emphysema	☐	☑	Arthritis
☐	☑	Hearing Loss	☐	☑	Parkinson's
☐	☑	COPD	☐	☑	Asthma
☐	☑	Hypertention	☐	☑	Double Vision
☐	☑	Epilepsy	☐	☑	Hemophilia
☐	☑	Stroke	☐	☑	Heart Disease/Heart Attack
☐	☑	High/LowBlood Pressure	☐	☑	Spinal Fusion
☐	☑	Carpel Tunnel Syndrome	☐	☑	Congestive Heart Failure
☐	☑	Ruptured/Herniated Disc	☐	☑	Vision Loss (1 or both eyes)

Please answer the following questions truthfully. It will help Flexicrew make the best placement for you.

Y	N	
☐	☑	**Received Worker's Compensation for an on the job injury?**
☐	☑	**Received disability rating or had one assigned to you by an insurance company?**
☐	☑	**Have you ever sprained or injured your back?**
☐	☑	Did you have surgery? Month _____ Year_____
☐	☑	Are you still treating for this condition?
☐	☑	Permanent Restrictions Please list _____
☐	☑	**Have you ever injured or sprained your neck?**
☐	☑	Did you have surgery? Month _____ Year_____
☐	☑	Are you still treating for this condition?
☐	☑	Permanent Restrictions Please list _____
☐	☑	**Have you every injured or spraied a knee?**
☐	☑	Did you have surgery? Month _____ Year_____
☐	☑	Are you still treating for this condition?
☐	☑	Permanent Restrictions Please list _____
☐	☑	**Have you had any other surgery or medical condition not mentioned above?**
		Describe _____
☐	☑	Are you still treating for this condition?
☐	☑	Permanent Restrictions Please list _____

Under penalty of perjury, I declare I have read the foregoing and that the facts alledged are true to the best of my knowledge and belief.

SIGNATURE Aspen J. Games DATE 12/07/2022

Digitally signed by flexicrew
Date: 2022.12.08 04:47:01 +00:00
Signers:
Aspen J. Games 2022-12-08 04:46:59 (UTC)
Location: RD281878BB64A9