



PRE-EMPLOYMENT MEDICAL AFFIDAVIT

The medical information you provide will be used solely to determine your ability to perform the essential duties of the position for which you are applying. Any false information may result in the withdrawal of your job offer or termination of employment.

PERSONAL INFORMATION

Name:		Date:	
Address:			
Phone:		Email:	
Height:	Weight:	Gender: Male	Female

MEDICAL HISTORY (TO BE COMPLETED BY APPLICANT)

Please indicate if you have ever had or are currently experiencing any of the following illnesses:

Condition	Yes	No	Unsure	Condition	Yes	No	Unsure
Asthma				Chronic Abdominal Pains			
Lung Problems				Kidney Disease			
Back Injuries				Diabetes			
Sprains or Joint Injuries				Epilepsy/Seizures			
Broken Bones				Fainting			
Missing Body Parts or Limbs				Loss of Consciousness			
Arthritis				Paralysis			
Heart Attacks				Frequent Dizziness			
Severe Chest Pains				Anxiety or Panic Attacks			
Swelling of Ankles				Frequent Headaches			
Low or High Blood Pressure				Food Allergies			

1. Are you currently taking any medications that might affect your ability to perform your work?

Yes No

If yes, list the name of the medication(s). _____

2. Have you undergone any major surgeries or been hospitalized in the past?

Yes No

If yes, please specify the reason(s). _____

3. What is the maximum weight that you are capable of lifting and carrying?

0-20lbs

20-30lbs

30-50lbs

50-100lbs



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4. Are you capable of performing repetitive pushing and pulling actions for a full eight hour shift without any difficulty or discomfort?

Yes No

5. Are you capable of performing repetitive pushing and pulling actions for a full eight hour shift without any difficulty or discomfort?

Yes No

6. Are you capable of performing repetitive bending of your elbows (flexing movements) both forward, backward and overhead for reaching for a full eight hour shift without any difficulty or discomfort?

Yes No

7. Are you capable of performing repetitive bending of your elbows (flexing movements) for a full eight hour shift without any difficulty or discomfort?

Yes No

8. Are you capable of performing repetitive wrist movements in different directions, such as bending it up, down, or rotating it, for a full eight hour shift without any difficulty or discomfort?

Yes No

9. Are you aware of any other illness that might hinder you from performing physical activities at a satisfactory level? If yes, please specify:

Yes No

CERTIFICATION STATEMENT

I _____, certify under penalty of perjury ("under the laws of the United States," if executed outside of the United States) that the foregoing is true and correct.

Signature: _____

Date: _____

Justice of the Peace/Notary of the Public

Signed and Sworn (or affirmed) before me _____ on _____ (date)

(Signature & Seal)

(My Commission Expires)