



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)