POST-JOB OFFER MEDICAL QUESTIONNAIRE

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTICE TO OFFEREES: 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; any required medical examination or follow up, and job assignment availability.

EMPLOYEE AFFIRMATION: I herewith affirm that the employer has made me as offer of employment, conditioned on the satisfactory completion of this questionnaire. 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 performs 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 personal 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. Have you ever had or been treated for any if the following conditions or diseases?

YES NO YES NO

Herniated Disc \_\_\_\_ \_\_\_\_ Knee injury \_\_\_\_ \_\_\_\_

Surgical removal of disc or spinal infusion \_\_\_\_ \_\_\_\_ Back injury \_\_\_\_ \_\_\_\_

Diseased process of the spine \_\_\_\_ \_\_\_\_ Neck injury \_\_\_\_ \_\_\_\_

Chest Pain \_\_\_\_ \_\_\_\_ Shoulder injury \_\_\_\_ \_\_\_\_

Arthritis or rheumatism \_\_\_\_ \_\_\_\_ Arm/hand injury \_\_\_\_ \_\_\_\_

2. If you answered “yes” to any of the above, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Have you ever been hospitalized for one of the above conditions? If so, for what condition? If you have not been hospitalized state “none.” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. How many days were you absent from work in the past year due to one of the above conditions? If none, state “none”.

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5. Do you have any physical or mental difficulties that could interfere with the performance of your duties? \_\_\_\_ YES \_\_\_\_NO

If yes, what accommodations to your limitations do you suggest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Has a doctor given you and impairment rating? If so, please provide the reason and the percentage of impairment. If not, state “none.” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. How much weight can you lift comfortably unassisted?

Less than 15 lbs \_\_\_\_ 15-25 lbs \_\_\_\_ 25-40 lbs \_\_\_\_

{Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maximum unassisted lifting restriction at all client sites is 40 lbs.]

8. Are you taking any prescribed drugs that would interfere with your job performance? If yes, please list the medications. If not,

state “none.” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Do you have a substance abuse problem? \_\_\_\_YES \_\_\_\_ NO. If you answered yes, would you like referral assistance to local drug or alcohol program? \_\_\_\_YES \_\_\_\_NO

**My signature certifies that all facts and representations made by me are true, accurate and made willingly and intentionally.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Your Name Date

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_Representative Title of Job Offered