



Medical History Questionnaire

Employee Name _____

Classification/Job Title _____

Over the past two years have you experienced, been treated or diagnosed with any mental, physical or medical impairment, which would prevent you from reasonably performing the job for which you applied? ___ Yes ___ No

Please answer the following questions. In the last two years, have you:

- been operated on or a patient in a hospital? Yes ___ No ___
- been treated for neck or shoulder strain or pain? Yes ___ No ___
- been treated for back injury, strain or pain? Yes ___ No ___
- been treated for high/low blood pressure? Yes ___ No ___
- received treatment for drugs, alcohol or chemical substances? Yes ___ No ___
- had any ill effects from the type of work you do? Yes ___ No ___
- been injured on the job and required medical attention? Yes ___ No ___
- received medical disability payments? Yes ___ No ___
- been treated for asthma or other respiratory ailments? Yes ___ No ___

Have you exhibited any of the following symptoms:

- productive cough (3 or more weeks) Yes ___ No ___
- persistent weight loss without dieting Yes ___ No ___
- persistent low grade fever Yes ___ No ___
- night sweats Yes ___ No ___
- loss of appetite Yes ___ No ___
- swollen glands, usually in the neck Yes ___ No ___
- recurrent kidney or bladder infections Yes ___ No ___
- coughing up blood Yes ___ No ___
- shortness of breath Yes ___ No ___
- chest pain Yes ___ No ___

Describe your current health: Excellent Good Fair Poor

Current Height _____ Current Weight _____

To the best of my knowledge, the above responses are accurate. I understand that falsification of the above information may result in termination.

Applicant Signature _____

Date _____

JHC Representative _____

Date _____