

I do hereby certify that the answers to the above questions are true and give permission for this medical examination. I also give consent to the hospital to inform appropriate authorities of any communicable disease discovered.

Signature: _____

Date: _____

TO BE FILLED OUT BY EMPLOYEE'S PHYSICIAN

I have examined

Mr.

Mrs.

Miss

Last Name

First

Middle

Who is applying for the position of _____.

I have reviewed the physical requirements for this position and I have found no condition that appears to prevent him/her from performing the duties of the position applied for with the exception or the possible exception of the following:

Further, I have found no indication of any condition that might represent a possible hazard to the health of patients or other employees in the institution.

Date: _____

Signed: _____ M.D.

Address

HEALTH HISTORY SUPPLEMENT

1. What injuries have you had and when? _____

2. Injury, illness or problem, was it disabling?
If yes, how so? _____

3. Current restrictions or limitations:
If yes, what? _____

4. Last time seen by doctor for this injury, illness or problem? _____

5. Any present symptoms from injury, illness or problems? _____
A. Pain, aching, numbness, pins & needles, stabbing, other? (Please use diagram for all affected areas)

6. At present time, do you have any known health problems? Y or N

7. At present time, do you have any known back or neck problems? Y or N

8. Have you ever had back or neck surgery? Y or N

9. Have you ever had pain, aching, numbness, pins & needles, or stabbing extending into one or both legs or arms? Y or N

10. Have you ever had to take more than two weeks off work, school, or household duties due to back or neck problems at any period in your life? Y or N

If yes, please explain and give dates _____

11. Have you ever had to take time off work, school, or household duties due to a back or neck problem that was more than two days, but less than two weeks? Y or N

12. Have you ever had to consult a health care professional for back or neck pain? Y or N

If yes, whom did you see? _____

13. If you are having back or neck pain, or have a PREVIOUS HISTORY, please complete the following:

When did it start? (Approximate date) _____

How did it start? (Circle approximate)

- | | | |
|----------|-------------|---------------|
| Lifting | Pulling | Hit in back |
| Fall | Bending | Auto accident |
| Twisting | No accident | |

14. Location of pain:

- | | | | |
|------|------|--------------|-----------------|
| Back | Hips | Neck | Down the leg(s) |
| Head | Arms | All of these | None of these |

15. Please add any other information you would like to include or additions to your answers to previous questions.

Employee Signature

Date

