

TRADEMARK EMPLOYMENT SERVICES, INC. MEDICAL QUESTIONNAIRE

The information you provide is necessary to assess proper job assignment to avoid injury to yourself or to others. If the information you provide warrants, you may be required to be examined and/or evaluated by a physician. Consider both your present and past physical condition when answering all questions. **ALL QUESTIONS MUST BE FULLY ANSWERED BEFORE JOB ASSIGNMENT CAN BE MADE.**

Please print the following:

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE INITIAL</u>
<u>ADDRESS</u>	<u>CITY, STATE</u>	<u>ZIP CODE</u>
<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>	
<u>PHONE NUMBER</u>	<u>SEX: M F</u>	
<u>DATE OF HIRE</u>	<u>LAST DATE WORKED</u>	

PLEASE FILL OUT COMPLETELY

Heart Trouble	Y	N
Kidney Trouble	Y	N
High Blood Pressure	Y	N
Low Blood Pressure	Y	N
Varicose Veins	Y	N
Diabetes	Y	N
Tuberculosis	Y	N
Asthma or Wheezing	Y	N
Bronchitis	Y	N
Emphysema	Y	N
Shortness of Breath in Walking	Y	N
Persistent Hoarseness / Cough	Y	N
Hernia or Rupture	Y	N
Neurological Disease	Y	N
Numbness of Hands or Feet	Y	N
Mental Disturbances	Y	N
Neuritis	Y	N
Arthritis or Rheumatism	Y	N
Nose Bleeds	Y	N
Paralysis	Y	N
Dislocated Shoulder	Y	N
Back Injuries or Weak Back	Y	N
Bladder Trouble	Y	N
Frequent Diarrhea	Y	N
Frequent Nausea	Y	N
Intestinal Disturbances	Y	N
Reactions to Medicines	Y	N
Reactions to Oil	Y	N
Reactions to Chemicals	Y	N
Skin Disease	Y	N
Allergies	Y	N
List _____		
Swollen Ankles or Joints	Y	N
If Yes, Explain _____		
Eye Trouble	Y	N
Wear Glasses	Y	N
Wear Contacts	Y	N
Ear Trouble	Y	N
Wear Hearing Aid	Y	N
Currently Pregnant	Y	N
Willing to have physical exam?	Y	N

Height _____	Weight _____	Blood Type _____	Headaches _____	Occasionally _____	Seldom _____	When and why did you last see a doctor? _____	Are you currently under a doctor's care? _____	If yes, why and the doctor's name and telephone number _____																																																
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PHYSICAL LIMITS

Have you ever been advised by a medical professional to avoid or limit any physical activity? Y N If yes, fully describe: _____

List any accommodation you require to perform the job(s) for which you are skilled _____

Have you ever been advised by a medical professional to avoid or limit your exposure to any type of work, work environment, materials or substances? Y N If yes, fully describe: _____

Describe any condition that you believe may limit your physical qualification to perform any work assignment _____

Are you currently taking any medications (prescribed or over the counter)? Y N If yes, what medications? _____

Check the work load you can handle. ☐ Up to 25 pounds ☐ 26 to 50 pounds When did you last handle this load? _____
 How frequently can you lift this load? ☐ Every 2 minutes ☐ Every 5 minutes ☐ Every 10 minutes ☐ Every 30 minutes
 How long can you continue lifting this load? ☐ 2 hours ☐ 4 hours ☐ 6 hours ☐ 8 hours

By signing the Job Assignment Record (below), I understand and agree that the preceding information will be used to determine my physical qualifications for proper job assignment.

Employee's Signature _____