

MEDICAL EMERGENCY INFORMATION (CONFIDENTIAL)

NAME: _____
(Please Print)

DATE: _____

EMERGENCY CONTACT NAME: _____
(Please Print)

PHONE NO: _____

This Medical information is requested for the purposes of assisting us in placing you within a work position suitable to your capacity and therefore minimizing the risk of serious injury to yourself, your fellow workers and/or the public.

- | | YES | NO | | YES | NO |
|---|----------------|-------|--|-------|-------|
| 1. Have you ever had a head injury? | _____ | _____ | 2. Do you have epilepsy? | _____ | _____ |
| 3. Do you have dizzy or fainting spells? | _____ | _____ | 4. Do you have diabetes? | _____ | _____ |
| 5. Have you ever had a hearing problem? | _____ | _____ | 6. Have you had a previous eye injury? | _____ | _____ |
| 7. Have you had any previous fractures? | _____ | _____ | If yes, please specify _____ | | |
| 8. Do you have rheumatism or arthritis? | _____ | _____ | If yes, please specify _____ | | |
| 9. Have you had a previous injury to any major joints -- i.e.: ankle, knee, hip, elbow, shoulder? _____ | | | | | |
| 10. Do you have a heart condition? | _____ | _____ | 11. Do you have high blood pressure? | _____ | _____ |
| 12. Do you have any allergies? | _____ | _____ | If yes, to what? _____ | | |
| 13. Have you ever had back problems? | _____ | _____ | | | |
| 14. Do you have any respiratory problems? (i.e.: asthma, bronchitis, other) | | | | | |
| If yes, please specify. _____ | | | | | |
| 15. Do you have a hernia? | _____ | _____ | If yes, please specify. _____ | | |
| 16. Are you taking medications at the present time? | _____ | _____ | If yes, please specify. _____ | | |
| 17. Have you seen a physician for any illness, injury or surgery in the past year? | | | | | |
| If yes, please specify. | | | | | |
| | Illness | _____ | | | |
| | Injury | _____ | | | |
| | Surgery | _____ | | | |
| | Silicosis Test | _____ | | | |
| 18. Are you medically cleared and fit to work with no restrictions or disabilities from any previous occupational injury, illness or medical condition? _____ | | | | | |
| 19. Is there any other pertinent medical, illness or injury related information you feel we should be aware of? If yes, please specify. _____ | | | | | |

I, the undersigned, duly declare the above information to be accurate and correct to the best of my knowledge. I understand that any omissions or misrepresentations may result in reclassification or dismissal upon review by my employer. I further authorize my employer to obtain a medical evaluation by a physician if required.

Employee's Signature

MEDICAL DEPARTMENT USE ONLY

MEDICAL REPRESENTATIVE

TITLE