

# POST-JOB OFFER PHYSICAL EXAMINATION QUESTIONNAIRE

You have been given a conditional job offer of employment with the Junction City Police Department. You are required to report for a physical examination at a scheduled date and time. You must also report for any subsequent testing or provide additional documentation as ordered by the Geary Community Hospital Occupational Health. Failure to comply with any of these conditions or intentionally giving wrong or misleading answers to the below listed questions will result in the withdrawal of the employment offer. This questionnaire must be completed and turned into Geary Community Hospital Occupational Health personnel when you arrive for your appointment.

1. Do you ever utilize vision correction devices?    yes no
2. Have you ever been diagnosed as color blind?    yes no
3. Have you ever been diagnosed with a vision problem?    yes no
4. Have you ever been diagnosed with hearing loss?    yes no
5. Have you been diagnosed or are aware of the following:  
  
Chronic Angina    yes no  
  
Resting pulse rate exceeding 100 bpm    yes no  
  
Any degree of heart blockage    yes no  
  
History of myocardial infarction    yes no  
  
Significant cardiac dysrhythmia    yes no  
  
Blood pressure problems    yes no
7. Do you have chronic or recurring pain?    yes no
8. Have you ever been diagnosed with epilepsy?    yes no
9. Do you have any degenerative disorder of the nervous system?    yes no
10. Do you have rheumatoid arthritis?    yes no
11. Have you been diagnosed with diabetes?    yes no

12. Have you ever experienced a pneumothorax (collapsed lung)? \_\_\_\_\_yes\_\_\_\_\_no
13. Have you ever or do you now have active tuberculosis? \_\_\_\_\_yes\_\_\_\_\_no
14. Do you have an unrepaired hernia? \_\_\_\_\_yes\_\_\_\_\_no
15. Have you ever experienced abnormal pulmonary (lung) functions? \_\_\_\_\_yes\_\_\_\_\_no
16. Do you have any medical conditions not listed above? \_\_\_\_\_yes\_\_\_\_\_no

Please provide a detailed description, on the back of this form, to any of the above questions which you responded to with a A yes answer.

List any physician(s) you have consulted in the past two years.

Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date