CATOOSA COUNTY PUBLIC SCHOOLS
POST HIRING MEDICAL QUESTIONNAIRE

Congratulations on your recent hiring. This questionnaire is solely for the purpose of providing us with information so we have access to the Subsequent Injury Trust Fund in appropriate cases.

Name: _____ Position: _____ Date: _____

Check Yes	NO		Check Yes	NO	
____	____	1. Epilepsy	____	____	12. Hemophilia
____	____	2. Diabetes	____	____	13. Sickle Cell Anemia
____	____	3. Arthritis	____	____	14. Chronic Osteomyelitis
____	____	4. Amputated Foot, Leg, Arm, or Hand	____	____	15. Ankylosis of Major Weight Bearing Joints
____	____	5. Loss of Vision in either or both Eyes	____	____	16. Hyperinsulinism
____	____	6. Poliomyelitis	____	____	17. Muscular Dystrophy
____	____	7. Cerebral Palsy	____	____	18. Loss of Hearing
____	____	8. Multiple Sclerosis	____	____	19. Compressed Air Sequelae
____	____	9. Parkinson's Disease	____	____	20. Ruptured Intervertebra Disc
____	____	10. Cardiovascular Disorder	____	____	21. Any permanent condition which constitutes a 20% impairment of a foot, leg, hand or arm or of the body as a whole
____	____	11. Tuberculosis			

List any disease or impairment, which you have that is not listed above.

_____

_____

Physical Limitations (describe: good, fair, poor)

Sight____ Hearing____ Hands____ Feet_____ Hernia_____ Other_____

Have you ever had operations (for any of the above?) Yes_____ No_____

If yes, state each briefly:

_____

_____

What serious illness have you had in the past 5 years?

_____

Date of last Physical examination: _____ For What? _____

Results:_____

Have you ever had any problems with your neck or back? Yes____ No ____
If yes, give the data and details (include names of treating Physicians).

_____

Do you wear glasses? Yes____ No____

Give date of last eye examination:_____

Have you ever been injured on the job? If so, what part of the body was injured?

_____

Did you receive workers' compensation? Yes____ No ____

Did you receive any permanent disability? Yes____ No ____
If so, what?

_____

Have you ever had surgery (for your injuries)? Yes____ No____
If so, give approximate dates and nature of illness for each operation.

_____

I hereby declare that the information provided by me in this Post-Offer Medical Questionnaire is true, correct and complete to the best of my knowledge.

_____ _____

Signature Date