



**Dougherty County School System  
POST-OFFER MEDICAL QUESTIONNAIRE**

Applicant's Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Job Title \_\_\_\_\_

**No applicant will be rejected for employment on the basis of physical or mental handicap, unless the disability or handicap would prevent the applicant from performing the essential job functions of the position applied for, and reasonable accommodations cannot overcome this situation.**

**The information you have provided will be kept confidential. No medical information will be disclosed except to the extent necessary to accommodate a handicap; if any, after employment, or unless you authorize the release of this information to another person.**

1. Do you have any mental or physical disease, disorder, defect, handicap, disability, deformity or abnormality, or any other condition (including alcoholism or any drug use or dependency) which might affect your attendance at work or ability to do this job with or without reasonable accommodations?

Yes \_\_\_ No \_\_\_

If yes, please explain fully and state what reasonable accommodation would permit you to perform the job satisfactorily.

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2. Have you been treated (medically or surgically) for or counseled for any mental or physical disease, disorder, defect, handicap, disability, deformity, abnormality or condition (defined in Question 1 above) in the last two years, or advised to have treatment, testing or counseling which has not been done?

Yes \_\_\_ No \_\_\_

3. Have you within the last two years had an illness which caused you to be absent from work or school for more than one week?

Yes \_\_\_ No \_\_\_

4. Do you have or have you ever had:

(A) Reactions to chemicals for which you sought medical attention?

Yes \_\_\_ No \_\_\_

(B) Rashes or Eczema resulting from skin contact with a substance or substances?  
 Yes \_\_\_ No \_\_\_

- |     |  | Yes | No  |
|-----|--|-----|-----|
| 5.  | Do you have or have you ever had shortness of breath: .....  |     |     |
|     | When walking   |     |     |
|     | When climbing stairs .....                                   | ___ | ___ |
| 6.  | Do you have or have you ever had:                            |     |     |
|     | Asthma .....   | ___ | ___ |
|     | Bronchitis .....   | ___ | ___ |
|     | Emphysema.....   | ___ | ___ |
|     | Hay Fever.....   | ___ | ___ |
|     | Pulmonary (lung) Disease.....                                | ___ | ___ |
| 7.  | Do you have or have you ever had:                            |     |     |
|     | Heart problems for which you sought medical attention .....  | ___ | ___ |
|     | Heart attack (myocardial infarction).....                    | ___ | ___ |
|     | Heart surgery.....   | ___ | ___ |
|     | High Blood Pressure .....                                    | ___ | ___ |
| 8.  | Do you have or have you ever had:                            |     |     |
|     | Amputated foot, leg, arm, or hand .....                      | ___ | ___ |
|     | Arthritis/Ankylosis of major weight bearing joints .....     | ___ | ___ |
|     | Fracture/break of bone .....                                 | ___ | ___ |
|     | Surgery to arms, legs, hands, or feet.....                   | ___ | ___ |
|     | Swelling of any joint for which you sought medical attention | ___ | ___ |
|     | Joint pain.....  | ___ | ___ |
| 9.  | Have you ever injured your back .....                        | ___ | ___ |
| 10. | Have you ever worn a back brace .....                        | ___ | ___ |
| 11. | Do you have or have you ever had:                            |     |     |
|     | Back pain for which you sought medical attention.....        | ___ | ___ |
|     | Back trouble .....   | ___ | ___ |
|     | Back surgery .....   | ___ | ___ |
|     | Ruptured intervertebral disc(s) .....                        | ___ | ___ |
| 12. | Do you have or have you ever had a hernia.....               | ___ | ___ |
| 13. | Do you have or have you ever had:                            |     |     |
|     | Allergies for which you sought medical treatment .....       | ___ | ___ |
|     | Anemia.....  | ___ | ___ |
|     | Arthritis.....   | ___ | ___ |
|     | Cardiovascular disorders.....                                | ___ | ___ |
|     | Cerebral palsy .....   | ___ | ___ |
|     | Diabetes.....  | ___ | ___ |

- |     |   |     |     |
|-----|---|-----|-----|
|     | High blood pressure .....   | ___ | ___ |
|     | Tuberculosis .....  | ___ | ___ |
|     | Heart trouble .....   | ___ | ___ |
|     | Cancer .....  | ___ | ___ |
| 14. | Do you have or have you ever had:   |     |     |
|     | Epilepsy.....   | ___ | ___ |
|     | Hemophilia.....   | ___ | ___ |
|     | Multiple sclerosis .....  | ___ | ___ |
|     | Parkinson's Disease .....   | ___ | ___ |
|     | Paralysis .....   | ___ | ___ |
|     | Poliomyelitis (polio) .....   | ___ | ___ |
|     | Rheumatism .....  | ___ | ___ |
|     | Seizures or convulsions.....  | ___ | ___ |
|     | Fainting spells or instances of unconsciousness .....   | ___ | ___ |
| 15. | Do you have or have you ever had:   |     |     |
|     | Numbness in hands or feet.....  | ___ | ___ |
|     | Tingling in hands or feet .....   | ___ | ___ |
|     | Swelling of legs or ankles .....  | ___ | ___ |
|     | Carpal Tunnel Syndrome .....  | ___ | ___ |
|     | Any injuries to the arms, wrists, fingers (for example<br>tendinitis, sprains/strains, deQuervains tendinitis,<br>arthritis)..... | ___ | ___ |
| 16. | Do you have or have you ever had:   |     |     |
|     | Nervous breakdown .....   | ___ | ___ |
|     | Allergies or reactions to drugs .....   | ___ | ___ |
|     | Blood in urine .....  | ___ | ___ |
|     | Frequent or chronic cough .....   | ___ | ___ |
|     | Frequent headaches and/or migraine headaches .....  | ___ | ___ |
|     | Headaches for which you sought medical attention .....  | ___ | ___ |
|     | Skin rash or eczema .....   | ___ | ___ |
|     | Stomach ulcer.....  | ___ | ___ |
|     | Urination difficulties .....  | ___ | ___ |
|     | Varicose veins .....  | ___ | ___ |
|     | Venereal disease.....   | ___ | ___ |
| 17. | Eyes/Sight  |     |     |
|     | Have you ever had loss of sight .....   | ___ | ___ |
|     | Have you ever had partial loss of uncorrected vision .....  | ___ | ___ |
|     | Do you need glasses to read.....  | ___ | ___ |
|     | Do you need glasses for distance .....  | ___ | ___ |
|     | Do you wear contact lenses.....   | ___ | ___ |

18. Hearing  
 Have you ever had total occupational loss of hearing ..... — —  
 Do you have hearing diminution..... — —
19. Do you have or have you ever had:  
 Dizzy spells ..... — —  
 Double vision ..... — —
20. Medication/Drugs/Alcohol  
 Are you taking medicine which might appear in a blood test ..... — —  
 Do you take any medicine regularly ..... — —  
 (If so, what medication \_\_\_\_\_)
21. Have you ever been operated on or had surgery? ..... — —
22. Have you ever been advised to have an operation? ..... — —  
 If so, what operation \_\_\_\_\_
23. Have you ever been seriously injured? ..... — —
24. Have you ever been refused employment for health reasons? ..... — —  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
25. Have you ever been forced to give up a job for health reasons? ..... — —  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
26. Have you ever received medical benefits or wage benefits  
 from your employer under workers= compensation? ..... — —  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
27. Have you ever been rejected for military service due to your  
 health? ..... — —  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
28. Have you ever been discharged from military service due to  
 disability? ..... — —  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
29. Have you ever received a pension for disability? ..... — —

If so please explain: \_\_\_\_\_  
\_\_\_\_\_

30. Have you ever been refused life insurance? ..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

31. Have you ever been made ill or sick by your work?..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

32. Have you ever been refused a driver=s license due to your health \_\_\_\_\_  
If so please explain: \_\_\_\_\_

33. Have you ever worked with radioactive materials?..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

34. Have you ever worked in a dusty trade or been exposed to \_\_\_\_\_  
airborne particles on a regular basis in the workplace? ..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

35. Have you ever experienced a head injury? ..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

36. Have you ever had any condition which has caused a permanent \_\_\_\_\_  
impairment to your foot, leg, hand, arm, neck, back, or body as \_\_\_\_\_  
a whole? ..... \_\_\_\_\_  
If so please explain: \_\_\_\_\_

**The above statements are true to the best of my knowledge. I understand that any misstatement or omission of fact is grounds for termination. I understand that any willful misrepresentation of any medical condition can serve to bar any future claim for workers' compensation benefits.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant