

# Statement Of Health



Applicant's Name: \_\_\_\_\_ Position: \_\_\_\_\_

## Section I- To be completed by the applicant after an offer of employment has been made

Indicate below if you have any of the following conditions. If yes, please explain.

Yes  No Allergies to any medication, food, or insect bites? Please list & indicate reaction:

\_\_\_\_\_  
 Yes  No Asthma? If yes, do you carry inhalers or medication?

\_\_\_\_\_  
 Yes  No Back Problems? If yes, specify:

\_\_\_\_\_  
 Yes  No Any weightlifting restrictions?

\_\_\_\_\_  
 Yes  No Have you had surgery to correct back problems? If yes, when?

\_\_\_\_\_  
 Yes  No Any active communicable diseases? If yes, specify:

\_\_\_\_\_  
 Yes  No Diabetes? If yes, are you on insulin?

\_\_\_\_\_  
 Yes  No Heart Condition? If yes, specify:

\_\_\_\_\_  
 Yes  No High Blood Pressure? If yes, do you take medication?

\_\_\_\_\_  
 Yes  No Kidney Disease? If yes, specify:

\_\_\_\_\_  
 Yes  No Lung Condition? If yes, specify:

\_\_\_\_\_  
 Yes  No Seizure Disorder? If yes, do you take medication?

I certify that the above information is true and correct to the best of my knowledge. I have read the positions' physical demand requirements specified on my job description and can physically meet the demands of the job offered.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section II- To be completed by Supervisor after an offer of employment has been made.

I have found no indication of any condition preventing this individual from performing job-specific duties, and he/she is negative for any communicable disease on this date. Approved for employment.

This individual needs further medical evaluation by a physician, nurse practitioner, or physician's assistant to ensure job fitness for duties as specified above. Employee informed and form provided.

Supervisor Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend physical exam to determine job fitness.

Physical exam received and employee approved for employment. Date: \_\_\_\_\_