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www.SBCounty.gov

SAN BERNARDINO COUNTY

Human Resources
Center for Employee Health and Wellness

POST-OFFER MEDICAL HISTORY QUESTIONNAIRE

Name	Other Names Used	Today's Date
Social Security # *Last 6 digits*	Phone #	Date of Birth
Mailing Address *Street, City, State, Zip Code*		
Personal Email Address	Work Email Address	
Job Title Applied For	Department	

Current and Prior Employment

Have you ever worked for San Bernardino County in the past? ◯ Yes ◯ No Year: _____

Medical Information

	Do you now have, or have you ever had:	Yes	No	Dates and Details
Eyes, Ears, Nose, Throat				
1	Eye/vision problems			
2	Color blindness			
3	Ringing/buzzing in ears			
4	Hearing difficulty/hearing aid			
5	Speech problems			
6	Loss of hearing			
Pulmonary				
7	Persistent/recurrent cough			
8	Persistent/recurrent shortness of breath			
9	Chest pain			
10	Tuberculosis disease			
11	Persistent/recurrent asthma or emphysema			
Heart/Vascular				
12	Heart disease, murmur, palpitations, or irregular heartbeat			
13	Stroke			
14	Swelling of ankles/feet or hands			
15	Leg pain while walking/standing			
16	High or low blood pressure			

Name: _____

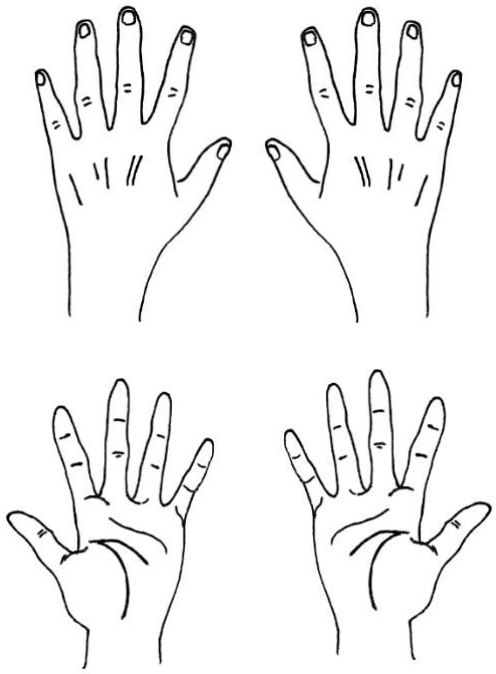
Do you now have, or have you ever had:		Yes	No	Dates and Details
Musculoskeletal				
17	Knee pain/problems			
18	Ankle or foot pain/problems			
19	Hip pain/problems			
20	Neck pain/problems			
21	Back pain/problems			
22	Herniated disc in the neck or back			
23	Back surgery			
24	Numbness of arms or legs			
25	Wrist/hand/elbow pain or problems			
26	Carpal tunnel syndrome			
27	Loss of strength in arms/hands or legs			
28	Shoulder pain/problems			
29	Broken bones currently under treatment			
30	Arthritis/rheumatism			
Genitourinary				
31	Kidney disease			
Gastrointestinal				
32	Persistent diarrhea/colitis			
33	Liver disease/hepatitis			
Neuro-psychiatric				
34	Epilepsy/Seizures or convulsions			
35	Loss of consciousness/blackouts			
36	Significant memory loss			
37	Major depression/bipolar illness			
38	Schizophrenia			
39	Hallucinations			
40	Panic/anxiety attacks			
41	Claustrophobia			
42	Dyslexia			
43	Attention deficit disorder			
Miscellaneous				
44	Fibromyalgia			
45	Chronic Fatigue Syndrome			
46	Cancer/Leukemia			
47	Persistent/recurrent allergies			
48	Persistent/recurrent skin allergies			
49	Sensitive to chemicals			
50	Diabetes or high or low blood sugar			
51	Thyroid problems			
52	Hernia			

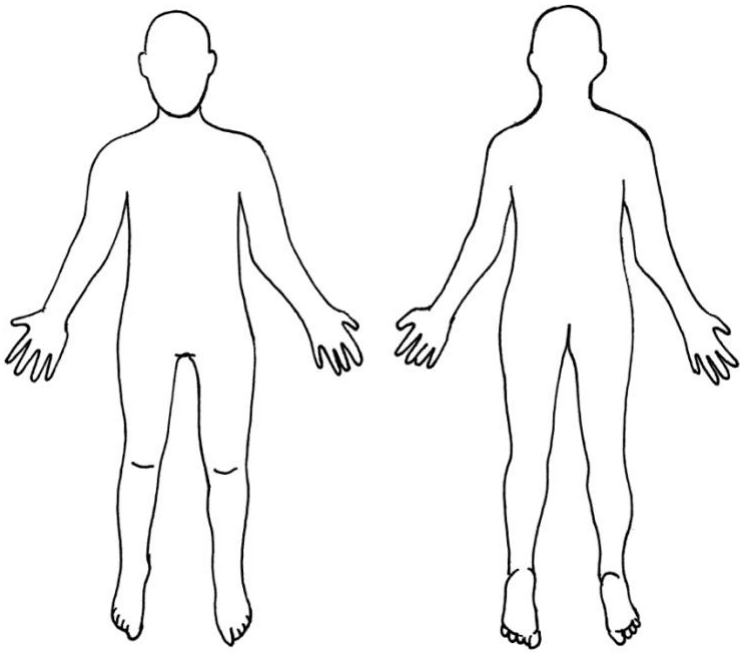
Name: _____

Pain or Weakness

If applicable, please mark on the diagrams where you currently experience any pain, weakness, tingling, numbness, or other problems.

Type	Symbol
Pain	X
Tingling or Numbness	T
Weakness	O





Potentially Hazardous Environment

Do you have an allergy and/or sensitivity (e.g., irritation to eyes or skin, difficulty breathing) to latex, chemicals, dust, asbestos, or other environmental substances that may limit your current ability to perform the essential duties/functions of the job for which you are being considered?

◯ Yes ◯ No

If yes, please indicate the chemicals or substances you are sensitive to and any specific work limitations:

_____

_____

_____

Name: _____

Items		Yes	No	Dates and Details
1	Do you have any current temporary or permanent work restrictions or accommodations?			
2	Do you require any work restrictions or accommodations?			
3	Do you have a formal disability or impairment rating?			
4	Are you applying for disability or receiving any disability payments?			
5	Have you had any work-related injuries or Worker's Compensation claims in the last 10 years?			
	Please list all work injuries for which you are still receiving treatment, have future medical, or have an open claim:			
6	Do you currently have or have you ever had physical or psychological conditions affecting your activities of daily living, including working?			
7	Have you had any major hospitalizations, surgeries and medical conditions?			
8	List of current medications:			

I certify that the information given by me is true, correct, and complete to the best of my knowledge and belief. I understand that any material misstatements or omissions of facts may lead to disciplinary action and/or loss of employment with San Bernardino County, either before or after such employment has commenced.

Signature_____ Date: _____