



## Employee Health History

Please explain any "Yes" responses in the space provided.

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

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Have you ever been treated for back problem? \_\_\_\_\_ If so, give the approximate dates and names of the attending physicians:

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Have you ever had surgery? \_\_\_\_\_ If so, give the approximate dates and types of illness for each operation:

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Do you have problems with your vision, or have been treated or tested by an optometrist or ophthalmologist?

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Do you have problems with your hearing, or have you ever sought or received medical treatment for a hearing condition?

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Do you take medications on a consistent basis?

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Have you ever experienced frequent absences from work due to personal illness?

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Have you ever been injured in an automobile accident?

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Have you ever been restricted from any physical activity by order of a physician?

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Are you now restricted from any type of physical activity?

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Have you ever been diagnosed with TB?      YES      NO

Have you ever received any TB medication?      YES      NO

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Signature

Date