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#### Instructions:

- Fill out the questionnaire completely and accurately. Keep in mind that all statements are subject to verification; deliberate inaccuracies or incomplete statements may bar or remove you from employment. A "yes" answer does not necessarily mean that you will be disqualified.
- This form must be completed and presented when reporting for your medical examination.
- This medical history statement is confidential. If hired, the information you provide will be part of your medical record, separate from your personnel file.
- Type or legibly print (in ink), or complete this form online at <a href="http://www.post.ca.gov/forms.aspx">http://www.post.ca.gov/forms.aspx</a>

SECTION 1: CANDIDATE IDEN	ITIFICATION								
CANDIDATE'S NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER  Last 4 digits:	3. BIR	3. BIRTHDATE (MM/DD/YYYY)					
4. ADDRESS WHERE YOU CAN BE CONTACT	ED (Street / P.O. Box)	5. CITY		6. ST/	S. STATE / ZIP				
7. PHONE NUMBERS WHERE YOU CAN BE R Day: ( ) -	Evening: ( ) -	8. E-MAI	L						
SECTION 2: JOB HISTORY AN									
List current and all previous job	os held in the last 5 years, including	military servic	e.						
JOB TITLE	PRIMARY DUTIES		EMPLOYER		APPROXIMAT	E DATES			
A)					om:				
				To					
B)					om:				
0)				To	om:				
C)				To					
D)					om:				
				To	D:				
E)				Fr	om:				
				To	):				
F)				Fr	om:				
				To	):				
G)					om:				
				To					
H)					om:				
				To					
1)					om:				
10 Describe your typical physical	activity, including that at work. Indic	cate how often	and how long you've heer	To doing it	). 				
10. Becomes your typical priyoloal	· · ·	oute now onen	and now long you ve been						
Δ)	EXERCISE / ACTIVITY			HRS PER WK	HOW L				
A)					yrs	mos			
B)					yrs	mos			
C)					yrs	mos			

## **MEDICAL HISTORY STATEMENT – Peace Officer**

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SE	SECTION 3: MEDICAL HISTORY												
Y	N	?		Answer each of the following questions.									
			11.	Have you ever failed to complete a peace officer academy training program?									
			12.	lave you ever been refused employment or been unable to hold a job because of any physical, psychological, or other medically-related reason?									
			13.	ave you ever worked as a peace officer before?									
			14.	ave you ever coughed, or wheezed, or had chest discomfort during or after exercise?									
			15.	Do you have any physical limitations?									
			16.	Have you been rejected for, or discharged from the military because of, physical, mental, or other medically-related reasons?									
			17.	Do you need any reasonable accommodation to assist you in performing required job tasks?									
			18.	Have you ever been absent from work due to job stress?									
			19.	Have you missed more than five days from work in the past 12 months due to medically-related reasons?									
			20.	Have you ever been absent from work because of back/neck pain or problems?									
			21.	Have you ever seen a doctor for back/neck pain or problems?									
			22.	Do you currently have a cold or cough, or have you had either in the past two weeks?									
			23.	In the past year, have you had a change in the size and color of a mole or a sore that would not heal?									
			24.	Do you ever wake up short of breath?									
			25.	Have you ever had any breathing problems using a gas mask? (Check "No" if you have never used a gas mask.)									
			26.	Do you currently smoke cigarettes? IF YES: How many packs per day? For how long (in years)?									
			27.	Are you an ex-smoker? IF YES: How many years did you smoke? Packs per day? Approximate date quit									
			28.	Have you used chewing tobacco or smoked cigars/pipes in the last 15 years?									
			29.	Have you ever had a positive drug or alcohol test?									
			30.	Are you now or have you ever been enrolled in a drug or alcohol rehabilitation program?									
			31.	Per week, I drink: bottles/cans of beer glasses of wine glasses of hard liquor									
			32.	Has anyone ever been concerned about your drinking or suggested that you cut down?									
			33.	Have you ever been convicted of driving under the influence (DUI)?									
			34.	Have you ever felt bad about your drinking?									
			35.	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?									
			36.	I am: Right-handed Left-handed									
			37.	Have you ever been hospitalized overnight (except for pregnancy)?									
			38.	Have you had any surgical operations?									
			39.	Have you been exposed to loud noise today? IF YES: Were you wearing hearing protection?									
			40.	Have you sustained any disabling illnesses or medical conditions within the past 5 years?									
			41.	Do you occasionally use, or are you currently taking, any prescription or over-the-counter medications?									
			42.	Have you taken any medication within the past 12 months for any reason?									

## **MEDICAL HISTORY STATEMENT**

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## **SECTION 3: MEDICAL HISTORY** continued

43. Briefly explain any items you marked "yes" or "?." In addition, describe anything else which you feel may be important in evaluating your medical suitability for the position, including any condition(s) not specifically referred to in the preceding questions.

	raical suitability for the position, including any condition(s) not specifically referred to in the preceding questions.
ITEM#	EXPLANATION - USE ADDITIONAL SHEETS IF NECESSARY

## **MEDICAL HISTORY STATEMENT – Peace Officer**

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SECTION 4: MEDICAL CONDITIONS - Indicate if you have, or ever had, any of the following conditions. If you're unsure, mark "?"										"				
		Υ	N	?			Υ	N	?			Υ	N	?
						44. EYE, EAR, NOSE, THRO	AT							
A)	Eye surgery				H)	Glaucoma				O)	Ringing or buzzing in ears			
B)	Refractive surgery (e.g., Lasik, PRK)				I)	Blurred or double vision				P)	Decreased hearing			
C)	Orthokeratology / retainer lenses				J)	Abnormal color vision test				Q)	Ear surgery			
D)	Vision therapy				K)	Sinus trouble				R)	Earache			
E)	Vision impairment				L)	Loss of smell				S)	Abnormal audiogram			
F)	Need to wear corrective lenses				M)	Allergy / Hay fever								
G)	Cataracts				N)	Ruptured ear drum								
						45. RESPIRATORY								
A)	Asthma (age at last episode:)				D)	Positive TB skin test				G)	Chest tightness			
B)	Shortness of breath				E)	Coughed up blood				H)	Wheezing			
C)	Chronic or frequent cough				F)	Pneumothorax (collapsed lung)				I)	Blood clot in lung			
						46. GASTROINTESTINAL								
A)	Ulcer / Stomach trouble				F)	Gall bladder trouble				K)	Abnormal liver test / Liver disease			
B)	Vomited blood				G)	Hepatitis				L)	Hernia			
C)	Persistent diarrhea				H)	Mucous in stool				M)	Irritable Bowel Syndrome			
D)	Colitis				I)	Black / bloody bowel movement				N)	Crohn's disease			
E)	Recurrent hemorrhoids				J)	Pancreatitis								
		1				47. GENITOURINARY								
A)	Kidney disease or stone				D)	Blood in urine				G)	Menstrual discomfort that kept you from work			
B)	Bladder trouble				E)	Prostatitis				H)	Currently pregnant			
C)	Difficulty urinating				F)	Irregular vaginal bleeding								
						48. CARDIOVASCULAR								
A)	Heart attack				E)	Enlarged heart				I)	Rheumatic fever			
B)	Heart murmur				F)	Palpitation (irregular heartbeat)				J)	Swelling of foot or leg			
C)	Heart failure				G)	High blood pressure				K)	Painful varicose veins			
D)	Heart valve abnormality				H)	Pain or discomfort in chest								
49. MUSCULOSKELETAL														
A)	Fracture / Broken bone				C)	Neck trouble / pain				E)	Arthroscopy			
B)	Back trouble / pain					Shin pain					Arthritis / Rheumatism			
50. JOINT INJURY / SURGERY / DISLOCATION / PAIN / SWELLING														
A)	Shoulder				D)	Fingers / Toes				G)	Ankle / Foot			
B)	Elbow				E)	Hip				H)	Other joint pain or swelling			
C)	Wrist				F)	Knee								

# **MEDICAL HISTORY STATEMENT – Peace Officer** POST 2-252 (12/09) – Page 5 of 6

SECT	TON 4: MEDICAL CONDITION	ONS	con	ntinue	d									
		Υ	N	?			Υ	N	?			Υ	N	?
=						51. NEUROLOGICAL								
, .	pilepsy					Head injury					Skull defect			
,	onvulsion / Seizure					Loss of consciousness				L)	Tremors			
	ainting spells / Blackouts					Frequent / recurrent headaches				M)	Meningitis / Encephalitis			
D) Re	ecurrent dizziness				I)	Migraine / Sinus headaches				N)	Numbness of extremities			
E) Ca	arpal Tunnel Syndrome				J)	Multiple Sclerosis								
						52. MISCELLANEOUS								
A) Di	abetes				I)	Cancer / Leukemia					Recurrent fever in the last year			
B) Lo	w blood sugar				J)	Wool allergy				R)	Eczema			
C) Th	nyroid trouble				K)	Non-healing sores				S)	Claustrophobia			
D) Bl	eeding tendencies				L)	Chronic fatigue				T)	Sleep apnea			
E) Ar	nemia				M)	Night sweats				U)	Snoring			
F) Er	nlarged glands				N)	Undesired weight loss or gain				V)	Sleep problems / disorders			
G) C)	yst / tumor				O)	Heat stress				W)	Any other problem or illness not listed that may affect job performance			
H) Sk	rin problems / rashes				P)	Multiple chemical sensitivity								
ITEM#	example, 46B, 50F, etc.).				E	XPLANATION - USE ADDITIONAL SHE	ETSI	F NEC	CESS	ARY				

#### **MEDICAL HISTORY STATEMENT - Peace Officer**

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SIGNATURE IN FULL

#### **SECTION 5: CANDIDATE CONSENT**

I hereby authorize the performance of a complete medical examination, x-rays, blood testing, and urine testing. I am aware that laboratory testing may be used to detect illegal substances and therapeutic medications, and to verify my answers to the questions contained in this medical questionnaire. I also authorize the medical examiner to obtain current or past medical records and to discuss my medical status and history with my treating physician or other medical consultants as necessary. I declare that my answers are true to the best of my knowledge and belief. I am aware that any willful inaccuracy may be regarded as cause for disqualification for employment.

DATE

SECTION 6: EXAMINING PHYSICIAN'S COMMENTS / NOTES								
ITEM#	COMMENTS / NOTES							