CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION
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MEDICAL HISTORY STATEMENT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-1 (Adult Corrections)
(Rev. 10/15)

INSTRUCTIONS:
To be completed by applicant for a certifiable position prior to the physical examination and presented to the medical professional at the time of examination. All questions must be answered completely and accurately. The original or a copy must be retained in personnel file by the appointing agency.

Name_____
First Middle Last

Address_____

_____

Section A	Have you ever or do you now have any of the following: For "Yes" answers, supply full details in section B on the reverse side. If the condition required hospitalization, check the corresponding box.						
CONDITION	NO	YES	HOSP.	CONDITION	NO	YES	HOSP.
1. Head Injury				24. Sensitivity to Dust			
2. Back Trouble or Back Pain				25. Other allergies			
3. Any Defect of Bones or Joints including Amputations, Dislocations, Broken Bones				26. Frequent Colds			
4. Lameness				27. Cancer or Malignancy			
5. Rheumatism or Arthritis				28. Tumor, Growth, or Cyst			
6. Trick or Locked Knee/Knee Injury				29. Any Complications from Childhood Diseases			
7. Foot Trouble				30. Polio			
8. Eye Injury, Surgery, Disease				31. Rheumatic Fever			
9. Have you ever worn Glasses/Contact Lenses				32. Heart Trouble, Including Circulatory			
10. Hard of Hearing or Hearing Problems				33. High or Low Blood Pressure			
11. Worn a Hearing Aid				34. Varicose Veins			
12. Headaches				35. Pernicious Anemia, Leukemia, or Other Blood Disorders or Ailment			
13. Mental Illness or Nervous Breakdown				36. Hepatitis, Jaundice, or Other Liver Ailment			
14. Addiction to Drugs or Alcohol				37. Diabetes or Sugar in Urine			
15. Fainting or Dizzy Spells				38. Ulcers or Other Stomach Trouble			
16. Epilepsy or Fits				39. Colitis			
17. Any Disorder of the Nervous System				40. Gall Bladder Trouble			
18. Tuberculosis or other Lung Trouble				41. Kidney or Bladder Trouble			
19. Shortness of Breath				42. Piles or Hemorrhoids			
20. Asthma				43. Rupture or Hernia			
21. Bronchitis				44. Mononucleosis			
22. Poison Oak or Poison Ivy				45. Other Conditions (list)			
23. Skin Trouble						NO	YES
46. Have you ever had or been advised to have an operation? If "yes" give the nature and date(s) of the operation(s):							
47. Have you ever been a patient (committed or voluntary) in a mental hospital? If "Yes" give reason, date(s) and place(s):							
Continues on reverse side. Reminder for "Yes" answers, supply details in Section B on reverse side.							

48. Have you had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illness?
If "Yes," explain:

49. Have you had an injury within the last 5 years, which caused you to lose time from work?

50. Have you ever been denied employment or insurance for medical reasons?

51. Have you ever been deferred for military service for medical, emotional, or health reasons?

52. Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?

53. Have you ever received or applied for pension or compensation for disability or injury?

54. Are you presently under the doctor's care for any condition?

55. Have you taken medication the last 12 months for any reason?
If "Yes," explain:

56. Do you or have you ever had any physical or emotional limitations?
If "Yes," explain:

57. When did you last have a tetanus shot?

PHYSICIANS CONSULTED (For above items checked "Yes," identify item number.)

ITEM	PHYSICIAN'S NAME	ADDRESS (No., St., City, State)

Section B	Write your own account and explain all items answered "Yes" in this questionnaire: identify item number. Include diagnosis, date of onset, and your present condition. Continue on 8 ½ x 11 sheet of paper and attach.
Item	

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to this employment.

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (sign in ink) X	Date Signed