

# SECOND INJURY FUND QUESTIONNAIRE AND MEDICAL INQUIRY

**(THIS FORM IS TO BE COMPLETED ONLY AFTER JOB OFFER HAS BEEN MADE)**

THE PURPOSE OF THIS QUESTIONNAIRE IS TO PROVIDE THE EMPLOYER WITH KNOWLEDGE ABOUT THE EMPLOYEE--SPECIFICALLY ABOUT ANY PRE-EXISTING CONDITION OR DISABILITY WHICH MAY ENTITLE THE EMPLOYER TO REIMBURSEMENT FROM LOUISIANA'S SECOND INJURY FUND (R.S. 23 1378). THE INFORMATION PROVIDED SHALL NOT BE USED TO DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL IN REGARD TO JOB APPLICATION PROCEDURES OR EMPLOYMENT; THE HIRING, ADVANCEMENT, OR DISCHARGE OF EMPLOYEE; EMPLOYEE COMPENSATION; JOB TRAINING; AND UNDER OTHER TERMS, CONDITIONS AND PRIVILEGES OF EMPLOYMENT.

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_  
NAME OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE OF LAST PHYSICAL EXAM \_\_\_\_\_ DOCTOR \_\_\_\_\_  
DRIVER'S LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ TYPE OF LICENSE \_\_\_\_\_

## PERSONAL MEDICAL HISTORY

*(Place an X in the appropriate box. Complete both sides and sign on back)*

**ARE YOU BOTHERED WITH OR HAVE YOU EVER HAD THE FOLLOWING: (Answer every item)**

YES/NO

- Epilepsy
- Diabetes
- Cardiac Disease
- Arthritis
- Amputated foot, leg, arm or hand, or total loss of use thereof
- Loss of sight of one or both eyes or partial loss of uncorrected vision
- Residual disability from polio
- Cerebral Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Cerebral Vascular Accident (Stroke)
- Tuberculosis
- Silicosis (Chronic Lung Disease)
- Psychoneurotic Disability (Mental Disability) following treatment
- Hemophilia (Free Bleeder)
- Chronic Osteomyelitis (Bone Infection)
- Ankylosis of Joints (Stiff Joints)
- Hyperinsulism (Too much insulin)
- Muscular Dystrophy
- Arteriosclerosis (Hardening of Arteries)
- Thrombophlebitis (Inflammation of the veins in the legs)
- Varicose Veins
- Heavy Metal Poisoning
- Ionizing Radiation Injury
- Compressed Air Sequelae (Bends)
- Ruptured Intervertebral Disc
- Hodgkin Disease
- Brain Damage
- Deafness
- Spinal fusion or the surgical removal of an intervertebral disc
- Mental Retardation
- Anemic Condition
- Asthma
- Bronchitis
- Nervous Breakdown
- Numbness of a Body Part
- Persistent Cough
- Pleurisy
- Pneumonia
- Rheumatism
- Skin Disorders
- Sore Throat
- Head Injury
- Knee Problems
- Neck Problems
- Trick Shoulder, Elbow, or Knee
- Locking Knee Joint
- Vertigo

YES/NO

- Fear of Heights or Confined Spaces
- Hearing difficulty
- Ringing in ears
- Hemorrhoids
- Hernia
- Hole in eardrum
- Cancer or Tumor
- Chest Pains
- Ear Trouble
- Eye Trouble
- Fainting or Dizzy
- Frequent Colds
- Frequent nose bleed
- Goiter (Thyroid)
- Hay Fever
- Headaches
- Hepatitis
- High Blood Pressure
- Hoarseness
- Jaundice
- Kidney Trouble
- Do your feet ever give you trouble when you walk or stand for long periods of time?
- Have you ever injured or had trouble with your back?
- Have you ever seen a physician or other health care professional because of a back injury or pain?
- Have you ever worn a back brace or support?
- Have you ever been a patient in a hospital or clinic?
- Were you ever in the hospital for nervous trouble?
- Have you ever been hospitalized, treated, or counseled for use of alcohol, drugs, or other chemicals?
- Have you ever been advised or do you contemplate having an operation?
- Have you ever had surgery?
- Has your weight changed more than 15 pounds in the last 2 years?
- Have you ever developed an allergy or sensitivity to chemicals, dust, sunlight, or other allergens?
- Have you ever had any serious illness, injury or condition not mentioned before?
- Have you ever been refused employment because of your health?
- Have you ever made a claim for workmen's compensation benefits?
- Have you ever worked with or been exposed to radioactive substances?
- Are you currently on medication? If so, what?
- To your knowledge, are you allergic to anything? (Penicillin, bee stings, etc.)?
- Do you now suffer from any physical or mental impairment that will substantially limit your ability to perform the functions of the job for which you have applied? \_\_\_\_\_

