

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? _____

