CITY OF HOUSTON CONFIDENTIAL
MEDICAL QUESTIONNAIRE

NAME(LAST, FIRST AND MIDDLE)			DATE (MM/DD/YYYY)	
ADDRESS (STREET NO., APT.,CITY, STATE, ZIP)				TELEPHONE NO, (_____) _____-___
SOCIAL SECURITY NUMBER	SEX	AGE	DATE OF BIRTH (MM/DD/YYYY)	
JOB TITLE			HEIGHT ____FT.____IN.	WEIGHT _____LBS.

INSTRUCTIONS:
THIS FORMIS A PART OF THE APPLICATION PROCESS AND MUST BE COMPLETED.
PLEASE ANSWER ALL THE FOLLOWING QUESTIONS COMPLETELY AND TO THE BEST OF YOUR ABILITY.
MISSING, MISSTATING OR MISREPRESENTING FACTS ASKED FOR MAY BE THE BASIS FOR REFUSAL OF EMPLOYMENT OR TERMINATION FROM THE CITY. DO NOT SKIP ANY SECTION OR QUESTIONS.

SECTION A: MEDICAL HISTORY
Each of the questions below require a yes or no answer. If you are unsure or do not know the answer mark the unknown answer box in the box space provided. If you need additional space to explain a specific response to a question, use the area provided titled as "Additional Comments" on page three and state the number section along with explanation.

SYSTEM REVIEW OR MEDICAL CONDITION:	**YES**	**NO**	**UNK**
1. VISION/EYES			
Do you wear glasses?	☐	☐	☐
For reading?	☐	☐	☐
For distant vision?	☐	☐	☐
Do you wear contact lenses?	☐	☐	☐
Do you now or have you had any of the following:			
Color Blindness?	☐	☐	☐
Abnormal night vision?	☐	☐	☐
Glaucoma?	☐	☐	☐
Depth perception problems?	☐	☐	☐
Other eye conditions or surgery?	☐	☐	☐
Explain:_____			
_____			
2. HEARING/EARS			
Do you have normal hearing?	☐	☐	☐
Do you now or have you had any of the following:			
Some hearing loss?	☐	☐	☐
Serious ear infections?	☐	☐	☐
Major injury affecting your hearing?	☐	☐	☐
Ringing in the ears?	☐	☐	☐
Recurring dizziness?	☐	☐	☐
Ear Surgery?	☐	☐	☐
Explain:_____			
_____			

SYSTEM REVIEW OR MEDICAL CONDITION:	**YES**	**NO**	**UNK**
3. NOSE AND THROAT			
Do you now or have you ever had the following:			
Chronic or persistent infections?	☐	☐	☐
Nasal fracture or injury?	☐	☐	☐
Frequent nose bleeds?	☐	☐	☐
Nose/Throat surgery?	☐	☐	☐
Explain:_____			
4. CARDIOVASCULAR/ HEART& CIRCULATORY SYSTEM			
Do you now or have you ever had the following:			
Heart attack(s)?	☐	☐	☐
Date & Explain:_____			
Stroke(s)?	☐	☐	☐
Date & Explain:_____			
Irregular or sudden rapid pulse?	☐	☐	☐
Abnormal electrocardiogram?	☐	☐	☐
Heart murmur?	☐	☐	☐
Swelling of the Ankles?	☐	☐	☐
Chest pain?	☐	☐	☐
High blood pressure?	☐	☐	☐
Congenital heart defects?	☐	☐	☐

SYSTEM REVIEW OR MEDICAL CONDITION:	YES	NO	UNK
4. CARDIOVASCULAR/ HEART& CIRCULATORY SYSTEM CONTINUED…			
Other heart or circulatory condition?	☐	☐	☐
Explain:_____			
_____			
Heart surgery?	☐	☐	☐
Explain:_____			
_____			
5. RESPIRATORY			
Do you now or have you ever had the following:			
Tuberculosis?	☐	☐	☐
Unusual shortness of breath?	☐	☐	☐
Asthma?	☐	☐	☐
Emphysema?	☐	☐	☐
Chronic or persistent cough?	☐	☐	☐
Frequent colds?	☐	☐	☐
Coughed up blood?	☐	☐	☐
Other lung disease?	☐	☐	☐
Explain:_____			
_____			
Chest surgery?	☐	☐	☐
Explain:_____			
_____			
6. SKIN			
Do you now or have you ever had the following:			
Chronic or persistent rash?	☐	☐	☐
Sensitivity to sun?	☐	☐	☐
Sensitivity to chemicals?	☐	☐	☐
Infections?	☐	☐	☐
Skin tumors?	☐	☐	☐
7. ABDOMINAL ORGANS			
Do you now or have you had any of the following:			
Frequent nausea?	☐	☐	☐
Frequent vomiting	☐	☐	☐
Frequent indigestion or heartburn?	☐	☐	☐
Frequent colitis?	☐	☐	☐
Frequent diarrhea?	☐	☐	☐
Kidney or bladder disease or stones?	☐	☐	☐
Hepatitis, jaundice or other liver disease?	☐	☐	☐
Gall bladder problems or stones?	☐	☐	☐
Disease of the pancreas?	☐	☐	☐
Diabetes (high blood sugar)	☐	☐	☐

SYSTEM REVIEW OR MEDICAL CONDITION:	YES	NO	UNK
7. ABDOMINAL ORGANS CONTINUED…			
Hypoglycemia (low blood sugar)	☐	☐	☐
Hernia?	☐	☐	☐
Frequent urination?	☐	☐	☐
Pain in testicles?	☐	☐	☐
Abdominal surgeries?	☐	☐	☐
Explain:_____			
_____			
8. BONE AND JOINT			
Do you now or have you ever had the following:			
Arthritis or rheumatism	☐	☐	☐
(swelling or pain in joints)?	☐	☐	☐
Fractures or broken bones?	☐	☐	☐
Explain:_____			
_____			
Disc problems (back/neck)?	☐	☐	☐
Explain:_____			
_____			
Chronic or persistent back pain?	☐	☐	☐
Explain:_____			
_____			
Other back problems or surgery?	☐	☐	☐
Explain:_____			
_____			
Knee problem?	☐	☐	☐
Explain:_____			
_____			
Knee surgery?	☐	☐	☐
Explain:_____			
_____			
Any other joint problems?	☐	☐	☐
Explain:_____			
_____			
Any other joint or bone surgery?	☐	☐	☐
Explain:_____			
_____			
9. ALLERGIES			
Do you now or have you ever had the following:			
Hay fever or seasonal allergies?	☐	☐	☐
Medication(s) allergies?	☐	☐	☐
Explain:_____			

SYSTEM REVIEW OR MEDICAL CONDITION:

	YES	NO	UNK
10. BLOOD AND BLEEDING DISORDERS			
Do you now or have you ever had the following:			
Anemia?	☐	☐	☐
Leukemia?	☐	☐	☐
Nosebleeds?	☐	☐	☐
Bruise Easily?	☐	☐	☐
Bleeding Disorders?	☐	☐	☐
a. Bleeding from the bowels?	☐	☐	☐
b. rectal bleeding	☐	☐	☐
c. Stomach ulcers	☐	☐	☐
d. Blood in urine	☐	☐	☐
e. Bleeding gums?	☐	☐	☐
f. Vomiting blood	☐	☐	☐
g. Coughing blood?	☐	☐	☐
h. Other bleeding tendencies?	☐	☐	☐

Explain:_____

_____

Sickle cell disease?	☐	☐	☐
Blood transfusions?	☐	☐	☐

Explain:_____

_____

11. OTHER MEDICAL FACTORS			
Do you smoke?	☐	☐	☐
If yes, how long?___years___months			
Do you presently use alcoholic beverages?	☐	☐	☐
Daily____ Several times a week____			
Occasionally_____ Never _____			
Have you ever had a serious head injury?	☐	☐	☐

Explain:_____

_____

Have you ever had epilepsy?	☐	☐	☐
Seizures or convulsions?	☐	☐	☐
Frequent headaches?	☐	☐	☐
Dizziness?	☐	☐	☐
Fainting spells?	☐	☐	☐

Explain:_____

_____

SYSTEM REVIEW OR MEDICAL CONDITION:

	YES	NO	UNK
11. OTHER MEDICAL FACTORS CONTINUED…			
Have you ever been treated for degenerative disease of the central nervous system?	☐	☐	☐

If yes, please explain_____

_____

	YES	NO	UNK
Have you had any serious accidents, injuries, or wounds which require hospitalization?	☐	☐	☐

If yes, please explain_____

_____

	YES	NO	UNK
Have you had any surgical operations or procedures not previously mentioned?	☐	☐	☐

If yes, please explain_____

_____

	YES	NO	UNK
Did any procedure involve the insertion of a metal plate, clips, a pacemaker, an implant for pain relief, an insulin pump, heart valve replacement, or any other surgical implants?	☐	☐	☐

If yes, please explain_____

_____

	YES	NO	UNK
Have you ever been diagnosed or treated for any form of cancer or lymphoma?	☐	☐	☐

If yes, please explain_____

_____

Have you been exposed to the following:			
Asbestos?	☐	☐	☐
Silica?	☐	☐	☐
Other hazardous dusts?	☐	☐	☐
Benzene?	☐	☐	☐
Lead?	☐	☐	☐
Mercury?	☐	☐	☐
Industrial Pesticides?	☐	☐	☐

SYSTEM REVIEW OR MEDICAL CONDITION:	YES	NO	UNK
11. OTHER MEDICAL FACTORS CONTINUED…			
Are you taking any medications either: prescribed?	☐	☐	☐
If yes, explain:_____			
over the counter?	☐	☐	☐
f yes, explain:_____			
Do you have specific medical condition(s) that prevent you from working in:			
a. Extreme heat?	☐	☐	☐
b. extreme cold?	☐	☐	☐
If yes, explain:_____			
12. GENERAL INFORMATION			
Have you been absent from work or school due to illness for more than 30 consecutive calendar days?	☐	☐	☐
If yes, please explain_____			
Were you discharged from the military for medical reasons?	☐	☐	☐
If yes, please explain_____			
Are you able to do the following activities:			
maintain a strong grip?	☐	☐	☐
hold on to objects firmly?	☐	☐	☐
utilize your arms and shoulders to full capacity?	☐	☐	☐
stand and walk?	☐	☐	☐
squat or kneel?	☐	☐	☐
climb stairs?	☐	☐	☐
work on ladders or scaffolding?	☐	☐	☐
walk on slippery or uneven work surfaces?	☐	☐	☐
hold your head in a fixed position for prolonged periods of time?	☐	☐	☐
Bend your back frequently?	☐	☐	☐
lift and carry objects of 50lbs or less?	☐	☐	☐

SYSTEM REVIEW OR MEDICAL CONDITION:	YES	NO	UNK
12. GENERAL INFORMATION CONTINUED…			
Work in remote, isolated or confined spaces?	☐	☐	☐
Maintain your balance?	☐	☐	☐
Perform strenuous physical activities?	☐	☐	☐

ADDITIONAL COMMENTS:

DECLARATION AND RELEASE

I declare that the foregoing statements are true to the best of my knowledge. I understand that leaving out or misrepresenting the facts called for in this questionnaire will be considered a willful omission. I also understand that any untruthfulness may be the cause for withdrawal of the offer of employment, termination or indefinite suspension from the City.

I hereby authorize the City at anytime to investigate or verify the facts claims by me on this questionnaire. I understand that I may be asked to provide additional information from my Primary Care or Attending Physicians as to any condition indicated herein. I hereby grant permission to the examining medical personnel and/or physician to disclose any information herein and hereinafter furnished by me, to authorize City personnel for purpose related to my employment with the City of Houston.

I understand that the physical examination given to me is only intended to obtain information for employment purposes at the City of Houston. It is not a physical examination of the type given by a physician to assess the state of my health and it may not be relied upon by me for that purpose. I must look to my personal physician for such assessment.

Signature	Date