HR-HQ

Health Questionnaire

(Please print)

Gadsden County School Board
Roger P. Milton-Superintendent of Schools
"Putting Children First"

NAME:	DATE OF BIRTH:
ADDRESS: CITY: STATE: ZIP:	
PHONE #:	SECONDARY #:

Personal Information

Sex ☐ Male ☐ Female **Height** _____ **Weight** _____ **Blood Type** _____

Questionnaire

Please check any that apply. Include any additional information in the section provided below.

Do you or have you ever had:

☐ Epilepsy	☐ Diabetes	☐ Amputation(s)	☐ Cardiac Disease (Heart Condition)
☐ Loss of Sight	☐ Poliomyelitis	☐ Cerebral Palsy	☐ Multiple Sclerosis
☐ Parkinson's Disease	☐ Vascular Disorder	☐ Hemophilia	☐ Psychoneurotic Disorder
☐ Ankylosis (Stiffness of the joint)	☐ Hypoglycemia	☐ Hernia	☐ Chronic Osteomyelitis
☐ Muscular Dystrophy	☐ Total Deafness	☐ Asthma	☐ Surgically removed vertebral disc
☐ Thrombophlebitis	☐ Allergies	☐ Hay Fever	☐ Mental Retardation
☐ Skin Disorder	☐ Tuberculosis	☐ Rheumatic Fever	☐ Kidney/Bladder Disorder
☐ Ulcer(s)	☐ Cancer	☐ Arthritis	☐ Varicose Veins/Leg Ulcer
☐ Physical Impairment	☐ Chest Pain	☐ Knee Injury	☐ High Blood Pressure
☐ Neck/Back Injury	☐ Head Injury	☐ Dizziness/Fainting	☐ Vertigo

☐ Other _____

_____

_____

Are you unable to perform certain body motions or assume certain body positions? ☐ Yes ☐ No

_____

Health Questionnaire

Do you wear ☐ Glasses ☐ Contact Lenses

Have you ever had to state claim for industrial injury? ☐ Yes ☐ No

_____

Date of last examination? (Include physician name)

_____

Signature

All statements in this application are true and accurate. I agree that any purposeful omission or false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered. I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date _____ Signature of Applicant _____