

Form J

WELFARE DEPARTMENT

City Berlin, N.H.

MEDICAL SCREENING FORM FOR WORK PROGRAM

1. Do you have any problems with your knees, back, shoulders, or hands?
___ Yes ___ No If yes, please explain briefly. _____
2. Do you have any serious diseases now? ___ Yes ___ No If yes, please explain
briefly. _____
3. Have you ever been hospitalized for an accident or illness? ___ Yes ___ No
If yes, please explain briefly. _____
4. Have you ever received Workers' Compensation for injuries on the job? ___ Yes ___ No
If yes, please explain briefly; include date and type of injury _____

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5. Have you had a physical exam recently? ___ Yes ___ No When? _____
Condition of Health? _____ Doctor's Name _____
6. Do you have a valid driver's license? ___ Yes ___ No
7. Do you have a police record? ___ Yes ___ No If yes, please
explain. _____
8. In case of emergency, please notify _____
Telephone number _____
9. Do you take any medication? ___ Yes ___ No If yes what kind? _____
10. Do you feel you are physically able to work? ___ Yes ___ No If no, please explain
_____.

I have read and answered the above questions and declared that are true and correct to the best of my knowledge. If applicable, I authorize the Welfare Official to inform the supervisor at the Work Program location of the medical/physical information provided above.

Date

Signature