

## POST OFFER OF EMPLOYMENT MEDICAL INQUIRY

Completion of this report is requested to assist your employer in meeting the knowledge requirement of the Georgia Subsequent Injury Trust Fund.

Name: \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

To the best of your knowledge do you have or have had any of the following medical conditions?  
(For "yes" responses indicate in the remarks section the nature of injury or illness and name of physician.)

**Answer YES or NO**

- |   |   |
|---|---|
| <p>_____ 1. Epilepsy</p> <p>_____ 2. Diabetes</p> <p>_____ 3. Arthritis</p> <p>_____ 4. Amputated foot, leg, arm, or hand</p> <p>_____ 5. Loss of sight of one or both eyes or a partial loss of uncorrected vision of more than 75% bilaterally</p> <p>_____ 6. Residual disability from Poliomyelitis</p> <p>_____ 7. Cerebral palsy</p> <p>_____ 8. Multiple sclerosis</p> <p>_____ 9. Parkinson's disease</p> <p>_____ 10. Cardiovascular disorders</p> <p>_____ 11. Tuberculosis</p> <p>_____ 12. Mental retardation, provided the employee's intelligence quotient is such that he falls within the lowest 2% of the general population; provided, however, that it shall not be necessary for the employer to know the employee's actual intelligence quotient of the general population.</p> <p>_____ 13. Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months</p> <p>_____ 14. Hemophilia</p> <p>_____ 15. Sickle cell anemia</p> <p>_____ 16. Chronic osteomyelitis</p> | <p>_____ 17. Ankylosis of major weight bearing joints</p> <p>_____ 18. Hyperinsulism</p> <p>_____ 19. Muscular dystrophy</p> <p>_____ 20. Total occupational loss of hearing as defined in Code 34-9-264</p> <p>_____ 21. Compressed air sequelae</p> <p>_____ 22. Ruptured intervertebral disc</p> <p>_____ 23. Back conditions (Identify below):</p> <ul style="list-style-type: none"><li>___ a. back surgery</li><li>___ b. degenerative disc disease</li><li>___ c. multiple back strains</li><li>___ d. chronic back pain</li><li>___ e. other (explain)</li></ul> <p>_____ 24. Neck conditions (Identify below)</p> <ul style="list-style-type: none"><li>___ a. neck surgery</li><li>___ b. degenerative disc disease</li><li>___ c. multiple neck strains</li><li>___ d. chronic neck pain</li><li>___ e. other (explain)</li></ul> <p>_____ 25. Knee conditions (Identify below)</p> <ul style="list-style-type: none"><li>___ a. left knee surgery</li><li>___ b. right knee surgery</li><li>___ c. other (explain)</li></ul> <p>_____ 26. Hip replacement surgery</p> <p>_____ 27. Any permanent condition that has been rated by a doctor as 20% or more impairment of the foot, leg, hand, arm, or to the body as a whole.</p> <p>_____ 28. Any other chronic medical condition</p> |
|---|---|

Remarks: \_\_\_\_\_

\_\_\_\_\_

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_