



**MEDICAL HISTORY QUESTIONNAIRE  
POLICE OFFICER CANDIDATE**

**The truthfulness of the information you provide in this questionnaire will be subject to verification through investigation as well as a polygraph examination.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SS No:** \_\_\_\_\_

1. Primary Care /Family Physician Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. List other Medical Specialists who have evaluated or provided care for you (Provide nature): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List all medications currently prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List all hospitalizations including Emergency Room/Urgent Care visits (Provide nature): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever had surgery or been recommended to have surgery?  Yes  No
6. Have you ever been transported by EMS or in an Ambulance?  Yes  No
7. Have you ever been injured on a job, collected Workers Compensation, collected Social Security or other job related health insurance disability benefits?  Yes  No
8. Have you ever left a job or taken a leave of absence due to health related issues?  Yes  No
9. Has any previous occupation resulted in a health problem for you?  Yes  No
10. In the last two years at your job(s), how often have you called in sick? \_\_\_\_\_
11. Have you ever been injured in a sporting contest?  Yes  No
12. Have you ever been injured in a Motor Vehicle Accident?  Yes  No

13. Have you ever filed legal suit, Individual or Class Action, for any medical condition or injury or receive a monetary settlement for any medical condition or injury?  Yes  No
14. Have you ever suffered from back pain?  Yes  No
15. Have you ever experienced weakness in the arms or legs?  Yes  No
16. Have you ever suffered from a fracture, dislocation, ligament, tendon, muscle injury?  Yes  No
17. Have you ever been diagnosed or treated for any muscular, skeletal or joint condition by any Physician, Physician Assistant, Nurse Practitioner, Chiropractor, Physical Therapist or other treatment provider? (e.g.: Acupuncture, Aqua Therapy)  Yes  No
18. Have you ever had an X-ray, CAT scan, MRI, EMG Test, Nerve Conduction, or other Neurological test?  Yes  No
19. Have you ever suffered a head injury or been knocked unconscious?  Yes  No
20. Do you suffer from epilepsy or seizure activity?  Yes  No
21. Do you suffer from frequent headaches or migraines?  Yes  No
22. Do you have any visual or auditory conditions or diseases?  Yes  No
23. Have you ever had a stroke or any other brain or neurological condition?  Yes  No
24. Have you ever suffered from a disease of the Central Nervous System? (e.g.: MS-Multiple Sclerosis, TIA-Transient Ischemic Attack)  Yes  No
25. Have you ever been treated for or diagnosed with a Cardiac Condition? (e.g.: murmur, irregular heartbeat)  Yes  No
26. Have you ever been treated or diagnosed with asthma, chronic bronchitis, pneumonia or any other chronic lung condition?  Yes  No
27. Have you ever been treated or diagnosed for a Psychiatric Disorder or Disease?  Yes  No
28. Have you ever consulted a Psychiatrist or Psychologist?  Yes  No
29. Have you ever been prescribed medication for a mental illness, depression, anxiety or any other emotional problem?  Yes  No
30. Have you ever been treated for substance abuse?  Yes  No
31. Is there **ANYTHING** concerning your medical history that has not been disclosed in this questionnaire which you feel could cause a problem on your **POLYGRAPH EXAM**?  Yes  No
32. Do you currently take any medications, receive medical care or receive any type of treatment for any health related condition not mentioned above?  Yes  No



