

Post Offer of Employment Medical Inquiry

Completion of this report is requested to assist the squad in meeting the knowledge requirement of the South Carolina Second Injury Fund.

NAME: _____

To the best of your knowledge do you have or have had any of the following medical problems?
(Answer YES or NO)

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| _____ 1 Epilepsy | _____ 18 Ankylosis of Joints – Joints that are stiff and will not fully move. Frozen Joints. |
| _____ 2 Diabetes | _____ 19 Hyperinsulism – Excessive insulin in the blood with low blood sugar and periods of weakness or fainting due to low blood sugar |
| _____ 3 Cardiac Disease | _____ 20 Muscular Dystrophy |
| _____ 4 Arthritis | _____ 21 Arteriosclerosis – Poor circulation, cold extremities, pain in legs while walking |
| _____ 5 Amputated Foot, Leg, Hand or Arm | _____ 22 Thrombophlebitis – Infection or inflammation of veins in legs – swelling or tenderness in calves of legs |
| _____ 6 Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75% bilaterally | _____ 23 Varicose veins |
| _____ 7 Residual disability from polio | _____ 24 Heavy Metal Poisoning |
| _____ 8 Cerebral Palsy – Do you have a weakness or stiffness of arms, legs or other body parts that resulted from birth injury or disease? Any Spasticity? | _____ 25 Ionizing Radiation Injury – Have you been exposed to radiation and have developed sores that did not heal, vomited or bled freely? |
| _____ 9 Multiple Sclerosis | _____ 26 Compressed Air Sequelas – Have you ever had the bends? Problems produced by flying at high altitude or problems resulting from exposure to high atmospheric pressure as in SCUBA diving? |
| _____ 10 Parkinson's Disease – Do you have a weakness, trembling or tremors, speech problems because of tremors? | _____ 27 Ruptured Disc |
| _____ 11 Cerebral Vascular Accident – Stroke or ruptured blood vessel in the head. | _____ 28 Hodgkin's Disease |
| _____ 12 Tuberculosis | _____ 29 Brain Damage |
| _____ 13 Silicosis – Chronic cough, emphysema or other lung problems due to inhalation of dust | _____ 30 Deafness |
| _____ 14 Mental Retardation | _____ 31 Sickle-cell Anemia |
| _____ 15 Psychoneurotic Disability following treatment in a recognized medical or mental institution | _____ 32 Cancer |
| _____ 16 Hemophilia – Do you bleed easily and have a hard time stopping the bleeding? | _____ 33 Pulmonary Disease |
| _____ 17 Chronic Osteomyelitis – Long term infection of bones or sores of the skin that would not heal | _____ 34 Degenerative Disc Disease |
| | _____ 35 Any other pre-existing disease |

(For “yes” responses indicate the nature of injury or illness and name of physician in Remarks.)

Remarks: _____

Signature of Applicant: _____ Dates: _____

Signature of Squad Officer: _____ Dates: _____