

Pre-Placement Medical Screening Examination Record

Last Name		First	Middle	Sex	Age	Birth Date
Street Address			City ()	Social Security Number ()		
State	Zip Code	Home Phone		Cell Phone		
Department	Position	Start Date		Supervisor/Manager Name ()		
Emergency Contact		Relationship		Phone		

Personal Doctor's Name, Address, Phone

Last place of employment Job Title Length of employment

Family Health History

Have any of your immediate relatives (parents, grandparents, siblings) had any of the following medical problems?
 (Please check **all** that apply)

Cancer	_____	Stroke	_____	High Blood Pressure	_____
Tuberculosis	_____	Diabetes	_____	Heart Problems	_____
Emotional or Mental Illness	_____				

Personal Health History

Is there any duty or task required in the job for which you have been selected that you will be unable to perform based on your health history?

() Yes () No If yes, explain: _____

List surgeries and major illnesses: _____

Have you been advised to change your work for any reason? () Yes () No If yes, explain: _____

Have you ever been treated for Tuberculosis or had a positive Tuberculosis skin test? () Yes () No

List any medication allergies: _____

List all other allergies: _____

List all medications you are currently taking: _____

Have you ever had Chicken Pox/Shingles? () Yes () No

Are you receiving any medical treatment at the present time? () Yes () No

If Yes, explain and include treating physician's name: _____

Additional comments concerning your present health status: _____

To the best of my knowledge, all information supplied by me on this questionnaire and during the physical assessment is correct and I authorize the release of the foregoing information and the results of any physical or mental examinations to the management of Wake Forest Baptist Medical Center for the purpose of evaluating my fitness for employment. I understand that my intentional falsification of any foregoing information can be considered as cause for suspension or dismissal.

Employee Signature

Date