

ALASKA POLICE STANDARDS COUNCIL

Health Questionnaire F-2A

Medical Examination Report F-2B

For Police, Village Police, Correctional/ Probation/Parole and Municipal Correctional Officers

WARNING TO HIRING AGENCY

Forms F-2A & F-2B must not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2A & F-2B should be maintained in a separate file to ensure confidentiality and to limit access.

CONFIDENTIAL RECORDS

F-2A

PO BOX 111200 Juneau, AK 99811-1200 Ph. 907-465-4378 Fax. 907-465-3263

HEALTH QUESTIONNAIRE

COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND GIVE IT TO THE EXAMINER AT THE TIME OF EXAMINATION.									
			ADDRESS						
	AGE		CURRENT OCCUPATION						
		_	<u> </u>						
YES	NO	HOSP	CONDITION	YES	NO	HOSP			
			21. Skin condition						
			23. Sensitivity to dust						
			24. Other allergies						
			25. Cancer or malignancy						
			26. Tumor, growth, or cyst						
			27. Polio						
			28. Rheumatic fever						
			29. Heart trouble (including circulatory)						
5			30. High or low blood pressure						
			31. Varicose veins						
ı			32. Diabetes or sugar in urine						
13. Addiction to drugs or alcohol			33. Colitis						
14. Fainting or dizzy spells, epilepsy			34. Gall bladder trouble						
15. Hepatitis, jaundice, liver ailment			35. Kidney or bladder trouble						
16. Disorder of the nervous system			36. Hemorrhoids or piles						
17. Tuberculosis or lung disease			37. Rupture or hernia						
18. Shortness of breath or asthma			38. Mononucleosis						
			39. Any contagious disease						
	ou nov	AGE VOU now have If the conc YES NO	AGE AGE AGE OU now have any o If the condition re YES NO HOSP	AGE CURRENT OCCUPATION ADDRESS OU now have any of the following? For "YES" answers, support of the condition required hospitalization, check the correst of the condition required hospitalization, check the correst of the condition of the cond	AGE CURRENT OCCUPATION ADDRESS TOU NOW have any of the following? For "YES" answers, supply further condition required hospitalization, check the correspondi YES NO HOSP CONDITION YES 21. Skin condition 22. Any complications from childhood diseases 23. Sensitivity to dust 24. Other allergies 25. Cancer or malignancy 26. Tumor, growth, or cyst 27. Polio 28. Rheumatic fever 29. Heart trouble (including circulatory) 30. High or low blood pressure 31. Varicose veins 32. Diabetes or sugar in urine 33. Colitis 34. Gall bladder trouble 35. Kidney or bladder trouble 36. Hemorrhoids or piles 37. Rupture or hernia 38. Mononucleosis	AGE CURRENT OCCUPATION AGE CURRENT OCCUPATION OU now have any of the following? For "YES" answers, supply full det If the condition required hospitalization, check the corresponding be YES NO HOSP CONDITION YES NO 21. Skin condition 22. Any complications from childhood diseases 23. Sensitivity to dust 24. Other allergies 25. Cancer or malignancy 26. Tumor, growth, or cyst 27. Polio 28. Rheumatic fever 29. Heart trouble (including circulatory) 30. High or low blood pressure 31. Varicose veins 32. Diabetes or sugar in urine 33. Colitis 34. Gall bladder trouble 35. Kidney or bladder trouble 36. Hemorrhoids or piles 37. Rupture or hernia 38. Mononucleosis			

20. Bronchitis

	and date(s) in Section B.					
40.	10. Have you ever had or been advised to have an operation?					
41.	11. Have you ever been a patient (committed or voluntary) in a mental hospital?					
42.	12. Have you ever had any other illness, injury, or physical condition not named on this form?					
43.	43. Are you presently under a doctor's care for any condition?					
44.	44. Have you taken any medication during the last 12 months?					
45.	45. Do you have any physical or emotional limitations?					
46.	46. Have you ever been treated or received counseling for drug abuse?					
47. Do you smoke? If "YES", number of packs per day:						
48.	48. Do you drink? If "YES", number of drinks per week:					
49.	49. Have you had an injury within the last 5 years which caused you to lose time from work?					
50.	50. Have you even been denied employment or insurance for medical reasons?					
	51. Have you even been discharged or released from employment or the armed forces for medical or emotional reasons?					
52.	Have you ever	received or applied for a pension or compensation for disability or injury?				
B Please explain all items answered "YES," in this questionnaire; identify question date of onset, diagnosis and your present condition.						
#	DATE	DETAILS				

EXAMINERS CONSULTED (For any of the questions answered "YES", identify the Question Number and Examiner Information.)								
#	DATE	EXAMINER		ADDRESS	(Number, Street, City, Sta	te, Zip)		
I acknowledge that information contained on this form will be used by the council for purposes of determining my eligibility and qualifications for training, employment, and certification. Any falsification, withholding of information or failure to answer all questions completely and accurately may cause forfeiture of all rights to this employment or training.								
I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge. DONE at, 20,								
DONE	at		on this	_ uay oi		, 20		
Cai	ndidate \$	Signature						
HEALTI	H QUESTIO	ONNAIRE F-2A REVIEWED I	ЗҮ:	EXAMINI	ER'S NAME, ADDRESS, AND	TELEPHONE #		
EXAMI	NER'S SIG	:NATURF	DATE					