Redondo Beach Police Department

"Fee Paying Court Commitment Program"

MEDICAL QUESTIONNAIRE

Name: _____ _____ _____

Last **First** **Middle**

1. **During the past five (5) years, have you suffered any injury or illness that caused you to lose time from work?** ☐ Yes ☐ No

   If yes, explain:_____

   _____

   _____

2. **Do you currently have:** *(check all that apply)*

   ☐ **Hepatitis** ☐ **Asthma** ☐ **Epilepsy**

   ☐ **Tuberculosis** ☐ **Diabetes** ☐ **Mental Disorder**

   ☐ **Bloodborne Pathogens** ☐ **Heart Trouble**

   ☐ **HIV** ☐ **High Blood Pressure**

   Please explain:_____

   _____

   _____

3. **Are you currently under the care of a physician?** ☐ Yes ☐ No

   If yes, list doctor(s) name(s) & phone number(s): _____

   _____

   _____

4. **Are you presently taking any prescribed medication?** ☐ Yes ☐ No

   If yes, detail type(s) and dosage(s):_____

   _____

   _____

5. **Have you ever filed a Workers Compensation claim, in any state?** ☐ Yes ☐ No

   If yes, explain:_____

   _____

   _____

I declare that I have read, been given the opportunity to review and ask questions about each question on this form. My signature indicates that I fully understand each of the above listed questions and conditions. I hereby certify that my responses are true and complete. I understand that any misstatement of facts will subject me to disqualification from the Redondo Beach Police Department's "Fee Paying Court Commitment Program."

_____ _____

Signature of Applicant Date

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