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

Alaska Police Standards Council
PO BOX 111200 Juneau,
AK 99811-1200
Ph. 907-465-4378
Fax. 907-465-3263
Email. APSC@alaska.gov

F-2A

HEALTH QUESTIONNAIRE

COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND GIVE IT TO THE EXAMINER AT THE TIME OF EXAMINATION.

CANDIDATE'S NAME (Last, First, Middle)		ADDRESS
DATE OF BIRTH	AGE	CURRENT OCCUPATION
HIRING AGENCY		

SECTION A Have you ever or do you now have any of the following? For "**YES**" answers, supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding box.

CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury	☐	☐	☐	21. Skin condition	☐	☐	☐
2. Back trouble or back pain	☐	☐	☐	22. Any complications from childhood diseases	☐	☐	☐
3. Any defects of bones or joints including amputations, broken bones or dislocations	☐	☐	☐	23. Sensitivity to dust	☐	☐	☐
4. Pernicious anemia, leukemia	☐	☐	☐	24. Other allergies	☐	☐	☐
5. Rheumatism or arthritis	☐	☐	☐	25. Cancer or malignancy	☐	☐	☐
6. Trick or locked knee/knee injury	☐	☐	☐	26. Tumor, growth, or cyst	☐	☐	☐
7. Foot trouble	☐	☐	☐	27. Polio	☐	☐	☐
8. Eye injury, surgery, or disease	☐	☐	☐	28. Rheumatic fever	☐	☐	☐
9. Have you ever worn glasses/contact lens	☐	☐	☐	29. Heart trouble (including circulatory)	☐	☐	☐
10. Hard of hearing or hearing problems	☐	☐	☐	30. High or low blood pressure	☐	☐	☐
11. Headaches	☐	☐	☐	31. Varicose veins	☐	☐	☐
12. Mental illness or nervous breakdown	☐	☐	☐	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	☐	☐	☐
19. Any type of blood disorder	☐	☐	☐	39. Any contagious disease	☐	☐	☐
20. Bronchitis	☐	☐	☐		☐	☐	☐

Answer the following questions. If the answer is **"YES"**, list the question number, the nature and date(s) in Section B.	YES	NO
40. Have you ever had or been advised to have an operation?	☐	☐
41. Have you ever been a patient (committed or voluntary) in a mental hospital?	☐	☐
42. Have you ever had any other illness, injury, or physical condition not named on this form?	☐	☐
43. Are you presently under a doctor's care for any condition?	☐	☐
44. Have you taken any medication during the last 12 months?	☐	☐
45. Do you have any physical or emotional limitations?	☐	☐
46. Have you ever been treated or received counseling for drug abuse?	☐	☐
47. Do you smoke? If "YES", number of packs per day: _____	☐	☐
48. Do you drink? If "YES", number of drinks per week: _____	☐	☐
49. Have you had an injury within the last 5 years which caused you to lose time from work?	☐	☐
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?	☐	☐

SECTION B	Please explain all items answered "**YES**," in this questionnaire; identify question number, 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, State, 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 _____ on this ____ day of _____, 20___.

_____

Candidate Signature

HEALTH QUESTIONNAIRE F-2A REVIEWED BY:	**EXAMINER'S NAME, ADDRESS, AND TELEPHONE #**
EXAMINER'S SIGNATURE DATE	