



Village Public Safety Officer

Medical History Questionnaire

Applicant Name: _____

Agency: _____

Date completed: _____

This personal and medical history questionnaire must be completed and submitted to the State of Alaska VPSO Division office before employing an individual as a VPSO, AS 18.65.674.

Note to potential employer: Paper or electronic copies of this form should be maintained in a separate file to ensure confidentiality.



MEDICAL HISTORY 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, list the question number and supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding 'HOSP' box.										
CONDITION			YES	NO	HOSP	CONDITION			YES	NO	HOSP
1. Head injury						21. Skin condition					
2. Any defects of bones or joints including amputations, broken bones or dislocations						22. Any complications from childhood diseases					
3. Back trouble or back pain						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 lenses						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											

