

EMT Academy

Medical History Questionnaire

TO THE APPLICANT: EMT's are required to perform a variety of strenuous and difficult job functions. A medical examination, along with this form, is required by Arizona Western College prior to acceptance to the Academy. This is to ensure that each applicant is able to safely perform essential job functions. Complete this form prior to your scheduled physical examination and present it to the examining physician at the time of the examination.

NAME: _____
First
Middle
Last

ADDRESS: _____
Street
City
State
Zip Code

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 the reverse side of this form. If the condition required hospitalization, check the corresponding box marked under the title "HOSP."

CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury				21. Skin trouble			
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 or 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 or lameness				27. Polio			
8. Eye injury, surgery or disease				28. Rheumatic fever			
9. Have you ever worn glasses/contact lenses				29. Heart trouble (including circulatory problems)			
10. Hard of hearing or hearing problems				30. High or low blood pressure			
11. Headaches				31. Varicose veins			
12. Mental illness or nervous disorder				32. Diabetes or sugar in urine			
13. Addiction to drugs or alcohol				33. Colitis			
14. Fainting, dizzy spells, or epilepsy				34. Gall bladder trouble			
15. Hepatitis, jaundice or 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				40. Any immune system disorder			

SECTION A. Continued
 Answer the following questions. If the answer is "YES", list the question number, the nature and date(s) in Section B.

QUESTION	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 other than childhood diseases or minor illnesses?		
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. Do you smoke? If "YES", place the number of packs per day in the following blank:		
47. Do you drink? If "YES", place the number of drinks per week in the following blank:		

PHYSICIANS CONSULTED: (For any of the questions answered "YES", identify the Question Number and Physician below.)

DATE	ITEM	PHYSICIAN	ADDRESS (Number, Street, City, State, Zip code)

I hereby authorize the above listed physician(s) to release any and all medical information to the hiring agency, Arizona Western College, its staff or designated representatives.

Signature of Applicant (Sign in Ink)

Date

SECTION B. Write your own account and explain any items marked "YES" in this questionnaire; identify the Question Number, include diagnosis, date of onset, and your present condition.

ITEM	DETAILS (If necessary, continue on separate sheet of paper)

PENALTY: Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of eligibility.

CERTIFICATION: I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to the questions, and that all statements and answers are true and correct to the best of my knowledge and belief. I further agree to take any future physical examinations Arizona Western College may deem necessary.

Signature of Applicant (Sign in Ink)

Date