

HEALTH QUESTIONNAIRE (QUESTIONARIO DE SALUD)

Please Print

Favor de escribir en letra normal

Name <i>Nombre</i>	Social Security Number <i>Numero de Seguro Social</i>
Last <i>Apellido</i>	Middle Initial <i>Inicial de Segundo nombre</i>
First <i>Nombre</i>	

Address <i>Domicilio</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>

Medical History (Historia Medica)

Do you have or have you ever had any of the following? (Please check EACH of the following Yes or No. Any Yes answer must be fully explained below.) Answer ALL questions.

Tiene o ha tenido alguno de las siguientes enfermedades? (Marque Si o No. Las respuestas marcadas Si deben ser explicadas completamente.) Conteste TODAS las preguntas.

Yes <i>Si</i>	No <i>No</i>		Yes <i>Si</i>	No <i>No</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy <i>Epilepsia</i>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric or Psychological Treatment or Evaluation <i>Tratamiento o Evaluacion Psiquiatrica o Psicologica</i>
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (Sugar problems) <i>Diabetes (Problemas de Azucar)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or other blood disease <i>Hemofilia u Otra Enfermedad de la Sangre</i>
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (Heart Disease) <i>Enfermedad Cardiaca (Corazon)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Stiff Joints <i>Problemas en las Articulaciones (Coyuncturas tiezas)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Marie Strumpell Disease <i>Enfermedad de Marie Strumpell</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia (Sugar Problems) <i>Hipoglicemia (Problemas de Azucar)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Any Loss of Vision <i>Perdida de Vista</i>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy <i>Distrofia Muscular</i>
<input type="checkbox"/>	<input type="checkbox"/>	Polio <i>Polio</i>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophebitis <i>Trombofobitis</i>
<input type="checkbox"/>	<input type="checkbox"/>	Any Amputation <i>Alguna Amputacion</i>	<input type="checkbox"/>	<input type="checkbox"/>	Herniated Intervetebral Disc <i>Hemia en los Discos Vertebrales</i>
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis <i>Esclerosis Multiple</i>	<input type="checkbox"/>	<input type="checkbox"/>	Back Surgery <i>Cirugia en la Espalda</i>
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease <i>Enfermedad de Parkinson</i>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies <i>Alergias</i>
<input type="checkbox"/>	<input type="checkbox"/>	Vascular (Circulation) Disorders <i>Problemas Vasculares</i>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis <i>Artritis</i>
<input type="checkbox"/>	<input type="checkbox"/>	Height <i>Estatura</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weight <i>Peso</i>

Ft In.
Pies Plgs.

Lbs.
Lbs.

Have you ever received treatment for a back, neck, or knee condition or head injury?
Ha recibido usted tratamiento por algún problema de la espalda, cuello o rodilla o golpe a la cabeza? _____

Do you now or have you ever suffered from aches or pains of the back?
Padece usted o ha padecido de dolores en la espalda? _____

Have you ever had any surgery?
Ha tenido alguna vez cualquier tipo de cirugía? _____

Do you now or have you ever had any physical disabilities impairments or handicaps?
Es o ha estado físicamente discapacitado? _____

Have you ever had a workers' compensation injury?

Ha tenido usted accidentes de trabajo? _____

Have you ever received a disability rating for any reason?

Ha sido usted alguna vez clasificado como discapacitado? _____

Have you ever received compensation or medical benefits under workers' compensation?

Ha reibido usted compensación o beneficios médicos por accidentes de trabajo? _____

Explain fully any Yes answer.

Explique completamente cualquier respuesta de Si. _____

Do you have a question regarding this form?

Tiene usted cualquier pregunta relacionada a esta forma? _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor.

Yo he sido totalmente aconsejado que si yo sufro algún accidente el trabajo debo reportar o inmediatamente a mi supervisor, aun cuando el accidente aparezca ser pequeño. Yes (Si) No (No)

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions may be sufficient reason for the denial of workers' compensation benefits and a basis for termination. Also, making false or misleading statements for the purpose of obtaining workers' compensation benefits can be punishable by fines and or a prison sentence.

Certifico que las respuestas antedichas son verdaderas y correctas. Entiendo que cualquier respuesta falsa o engañosa a estas preguntas puede ser suficiente motivo para negar los beneficios de compensación a trabajadores y de una base para ser despedido. También, la fabricación de declaraciones falsas o enganosas con el fin de obtener beneficios de compensacion a trabajadores puede ser castigadle por multas y o una condena de prisión.

Applicant's Signatura
Firma del Apicante _____

Date
Fecha _____

Witness
Testigo _____

Date
Fecha _____

NOTE: If applicant is unable to read and write, he is to make his mark in the place for his signature. The witness is to certify that he has read the above requested information to the applicant and that the answers are those of the applicant. Sign in the space for witness to certify.
Si el aplicante no sabe leer y escribir, debe pone su marca en el espacio de la firma. El testigo debe certificar que ha leído la información del documento al aplicante y que las preguntas han sido contestades por este. Firme en el espacio del testigo.

Current employment practices should be reviewed by employers and/or their corporate attorneys, for compliance with the American Disabilities Act (ADA), and other state and federal laws governing employment rules and regulations.

HEALTH HISTORY QUESTIONNAIRES and

MEDICAL EXAMINATIONS

The use of health history questionnaires and medical examinations in Georgia workplaces may be appropriate, however, an employer needs to be careful when asking prospective employees and current employees about their medical history. Medical information regarding a prospective employee or current employee's medical history must be conducted in compliance with the standards outlined by the EEOC and the Americans with Disabilities Act.

With respect to workers' compensation, the EEOC does not provide full guidance on all workers' compensation matters. The workers' compensation laws in each state are different and may have different applications and interactions with federal law. The ADA is federal law and would govern in the case of a conflict. There does not appear to be any conflict between the Georgia Workers' Compensation Act and the ADA. It is clear that an employer can make a job offer to a prospective employee contingent upon completion of a health history questionnaire, and the employer's motives for doing so cannot be questioned so long as the employer requires every new employee in the same job category to complete the health history questionnaire.

Directing current employees to complete a medical health history questionnaire is more problematic. The EEOC does not give any specific guidance on requiring current employees to complete a medical health history questionnaire. Requiring current employees to complete a health history questionnaire should be done only when the inquiry is job-related and necessary for the business. In light of the purpose of the Subsequent Injury Trust Fund under the Workers' Compensation Act, we do not believe an employer would violate the ADA by requiring current employees to complete a health history questionnaire. Of course, any health or medical information obtained from an employee or prospective employee must be maintained on separate forms, in a separate medical file, and must be treated as a confidential medical record. With the above in mind, below are some guidelines for using health history questionnaires and medical examinations for each type of employee.

New Employees

The law is clear and undisputed that a health history questionnaire can be required of all new employees once a job offer has been made. "A covered entity may require medical examination (and/or inquiry) after making an offer of employment to a job applicant and before the applicant begins his/her employment duties, and may condition an offer of employment on the results of such examination (and/or inquiry), if all entering employees of the same job category are subjected to such an examination (and/or inquiry) regardless of disability. 29 CFR §1630.14(b). "Medical examinations conducted in accordance with this section do not have to be job-related and consistent with business necessity." 29 CFR §1630.14(b)(3).

Under federal law, therefore, a medical history questionnaire may not be required to be completed pre-employment but any offer of employment may be conditioned upon the completion of such a questionnaire. The EEOC has made it clear that the ADA does not require an employer to justify its requirement that each new employee complete a health history questionnaire. The ADA does require, however, that any information obtained from the post-offer health history questionnaire be used only in compliance with the ADA. An employer may not refuse to hire or revoke the offer of employment based upon information obtained from a post-offer medical examination or inquiry unless the reason for not hiring the individual is job-related and necessary for the business. In order to show that the reason for not hiring the individual is job-related and necessary for the business, the employer must show that no reasonable accommodation was available to enable the individual to perform the essential functions of the job or that any accommodation would impose an undue hardship on the employer. EEOC Technical Assistance Manual, Section 6.1.

The ADA also requires that any information regarding a medical condition or history which *is* collected be maintained on separate forms, in a separate medical file, and be treated as a confidential medical record. 29 CFR §1630.14(b)(1). Someone with hiring authority, of course, must review the medical information, but solely for the purpose of determining whether further inquiries should be made and to determine whether reasonable accommodation should be considered.

Because it is undisputed that a health history questionnaire can be required of any new employee post-offer, every job offer in Georgia should be contingent upon the completion of a health history questionnaire. In Georgia, an employer cannot present a claim against the Subsequent Injury Trust Fund unless the employer has knowledge of the employee's pre-existing disability. O.C.G.A. 134-9-361. The employer's knowledge requirement can be shown through the use of the health history questionnaire.

Current Employees

After a person starts work, a medical examination or inquiry must be job-related and necessary for the business. 29 CFR §1630.14(c). It is clear that disability related questions, medical examinations, or health history questionnaires are appropriate when an employee seeks to return to work following an injury. EEOC *Enforcement Guidance: Workers' Compensation and the ADA*. The EEOC, however, has never addressed when or how inquiries specifically for subsequent Injury Trust Fund purposes can be made.

The ADA allows medical monitoring to meet standards established by federal, state or local laws. 29 CFR Cj1630, *Appendix-Interpretative Guidance on Title I on the Americans with Disabilities Act*. The ADA does not overrule state or local laws, except when there is a conflict. "This provision also permits periodic physicals to determine fitness for duty or other medical monitoring if such physicals or monitoring are required by medical standards or requirements established by federal, state or local laws that are consistent with the ADA..." 29 CFR, Appendix to Part 1630 - Interpretative Guidance on Title I of the Americans with Disabilities Act, § 1630.14(c).

The purpose of the Georgia Subsequent Injury Trust Fund is "...to encourage the employment of persons with disabilities by protecting employers from excess liability for compensation when an Injury to a disabled worker merges with a pre-existing permanent impairment..." O.C.G.A. §34-9-350. Clearly, the purpose of the Subsequent Injury Trust Fund complies with the ADA. The Georgia Workers' Compensation Act requires the employer to obtain medical or health information from its employees before an injury. O.C.G.A. §34-9-361. Obtaining health history information solely for the purpose of complying with the Subsequent injury Trust Fund portions of the Georgia Workers' Compensation Act is job-related and consistent with business necessity.

If an employer decides to require all current employees to complete a Subsequent Injury Trust Fund health history questionnaire, then the employer needs to make sure that any use of that information complies with the ADA. Using it solely to obtain knowledge about each employee's conditions for purposes of compliance with the Georgia Workers' Compensation Act certainly can be both job-related and serves a legitimate business purpose. As with new employees, any health or medical information from a current employee must also be maintained on separate forms, in a separate medical file, and must be treated as a confidential medical records.

Testing Applicants

The ADA does not restrict an employer's right to establish job qualifications. An employer may establish physical or mental qualifications which are necessary to perform the job. Standards which are intended to exclude an entire class of individuals with disabilities, however, are prohibited. Standards that measure a physical or mental ability needed to perform a job are allowed. A physical agility test to determine physical qualifications necessary for certain jobs prior to making a job offer are allowable if they are in fact simply an agility test and not a medical examination. An agility test, however, may not involve a medical examination or diagnosis by a physician and may not require the revealing of any medical or health history other than to ask whether the person can safely perform the test. EEOC Technical Assistance Manual, Section 4.4.

An employer may not, however, use qualifications standards, employment tests or other selection criteria that screen out or tend to screen out an individual with a disability or a class of individuals with disability. Any such standard, test or criteria must be shown to be job related and consistent with business necessity. 29 CFR §1630.10.