

PLEASE ANSWER ALL THE QUESTIONS

#	YES	NO	EXPLANATION
13			Allergies or sinus trouble
14			Skin disease
15			Head, neck or spinal injury
16			Seizure, convulsions or fainting
17			Dizziness or frequent headaches
18			Eye/vision problem (except corrective lens)
19			Hearing problems or disorders
20			Cardiovascular (heart or blood vessel) disease
21			Lung disease (include TB and asthma)
22			Nervous stomach, frequent indigestion or ulcer
23			Diabetes or thyroid disorders
24			Gallbladder or intestinal disease
25			Kidney disease (including stones or blood in urine)
26			Liver disease (including hepatitis or cirrhosis)
27			Urinary tract disorder
28			Chronic back or joint discomfort; arthritis
29			Cancer
30			Compensated for any work-related illness/injury
31			Permanent defect
32			Psychiatric/mental disorder
33			Fear of heights or other phobias
34			Any other nervous disorder
35			Alcohol or drug abuse and/or treatment
36			Do you currently smoke? If yes, list amount
37			Syphilis or gonorrhea
38			Rheumatic fever
39			Any major illness in the last 5 years
40			Any operations in the last 5 years
41			Currently taking any medications (If yes, list)
42			Currently suffering from any other disease?
43			Anything within this job you cannot perform?