Jajjaz Home, LLC
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MEDICAL QUESTIONNAIRE

Employee Name _____ **Date** _____

	Have you ever suffered from or experienced any of the following conditions or problems?	**YES**	**NO**
1.	Disorder of the eyes, ears, nose or throat?	☐	☐
2.	Fainting, convulsions, paralysis, stroke, psychiatric or neurological disorder?	☐	☐
3.	Allergies, emphysema, bronchitis, asthma or any other disorder of the lungs?	☐	☐
4.	Heart or circulatory conditions, high blood pressure or persistent chest pain?	☐	☐
5.	Gastrointestinal, liver or gall bladder disorder?	☐	☐
6.	Diabetes, thyroid or any other endocrine disorder?	☐	☐
7.	Anemia or any other disease, which affects your blood immune system?	☐	☐
8.	Skin disorders, cyst, tumor or problem with your lymph glands?	☐	☐
9.	Surgical operations within the last 10 years?	☐	☐
10.	Exposure to tuberculosis, hepatitis or any other contagious disease?	☐	☐
11.	Smoked or used any tobacco product in the last year?	☐	☐
12.	Any work related injury?	☐	☐
13.	Filed a Worker's Compensation Claim?	☐	☐
14.	Arthritis, back pain, gout or any disorder of the kidney, bladder, prostate or reproductive organs?	☐	☐
15.	Venereal disease or any other disorder of the kidney, bladder, prostate or reproductive organs?	☐	☐
16.	Use of heroin, cocaine, hallucinogens, tranquilizers, barbiturates, amphetamines or other narcotics which were not prescribed by a duly licensed physician?	☐	☐
17.	Treatment, advice or counseling from a physician or other health care practitioner relating to mental illness or your use of drugs or alcoholic beverages?	☐	☐
18.	Any condition or limitation (bending, carrying, etc.) which would restrict you in part or in full, from performing any of the requirements of the job?	☐	☐
19.	Any preferences we should take into consideration when placing you on an assignment (i.e. patients diagnosis, location, environment, etc.)?	☐	☐
20.	Are you currently under the care of a Physician, Chiropractor or any other helping professional?	☐	☐

Please explain all "YES" responses below:

_____
_____
_____
_____

Signature _____ **Date** _____