State of California - Department of Justice

MEDICAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-264 (Rev 02/2013)

Commission on Peace Officer Standards and Training (**POST**) 860 Stillwater, Suite 100 West Sacramento, CA 95605-1630

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Instructions:

- Fill out the questionnaire completely and accurately. Keep in mind that all statements are subject to verification; deliberate inaccuracies or incomplete statements may bar or remove you from employment. A "yes" answer does not necessarily mean that you will be disqualified.
- This form must be completed and presented when reporting for your medical examination.
- . This medical history statement is confidential. If hired, the information you provide will be part of your medical record, separate from your personnel file.
- Type or legibly print (in ink), or complete this form online at www.post.ca.gov/forms.aspx.

			ANDIDATE IDEI								
1. C/	TADIDAA	E'S NAI	ME (Last, First, Middle)			2. SOCIAL SECURITY NUMBER	3. BIRTHDATE (MM/DD/YYYY)				
						Last 4 digits:					
4. AE	DRESS	WHERE	YOU CAN BE CONTA	ACTED (Street / P.O. Box)	5. CITY		6. STATE / ZIP				
7 PH	HONE NI	IMBERS	S WHERE YOU CAN B	E REACHED	8. EMAIL						
)		Evening: () -	0. 2						
	ay: (,	_	Evening. () –							
	SECTION 2. JOB HISTORY										
9. List current and all previous jobs held in the last 5 years, including military service.											
		JOB '	TITLE	PRIMARY DUTIES		EMPLOYER	APPROXIMATE DATES				
A)							From:				
							То:				
B)							From:				
							То:				
C)							From:				
							To:				
D)							From:				
							To:				
E)							From:				
							To:				
F)							From:				
							To:				
G)							From:				
							To:				
SEC			EDICAL HISTOR								
Υ	N	?	Answer each o	f the following questions.							
			10. Have you ev	er worked as a public safety dispatcher before?							
			11. Have you ev	er failed to complete a public safety dispatcher training	program?						
			12. Have you ev	er failed a pre-placement medical examination?							
			13. Have you ev	er been refused employment or been unable to hold a jo	ob because of any physical, psychological, or other medically-related reason?						
			14. Are you curr	ently under a health care provider's care for any medic	al condition?						
			15. Do you have	any physical limitations?							
	1		l .								

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SEC	TION	13. N	MEDICAL HISTORY continued						
Υ	N	?	Answer each of the following questions.						
			16. Do you need any reasonable accommodation to assist you in performing required job tasks?						
			17. Have you ever been absent from work due to job stress?						
			18. Have you missed more than five days from work in the past 12 months due to medically-related reasons?						
			19. Have you ever been absent from work because of back/neck pain or problems?						
			20. Have you ever seen a doctor for back/neck pain or problems?						
			21. In the past year, have you had a change in the size and color of a mole or a sore that would not heal?						
			22. Do you occasionally use, or are you currently taking, any prescription or over-the-counter medications?						
			23. Have you taken any medications within the past 12 months for any reason?						
			24. Have you sustained any disabling illnesses or medical conditions with the past 5 years?						
			25. Have you ever had a positive drug or alcohol test?						
			26. Are you now or have you ever been enrolled in a drug or alcohol rehabilitation program?						
			27. Per week, I drink: bottles/cans of beer glasses of wine glasses of hard liquor						
			28. Has anyone ever been concerned about your drinking or suggested that you cut down?						
			29. Have you ever been convicted of driving under the influence (DUI)?						
			30. Have you ever felt bad about your drinking?						
			31. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?						
			32. Have you been exposed to loud noise today? If "yes," were you wearing hearing protection? Yes No						
			33. Are you now receiving or have you ever received Workers Compensation?						
			34. If you served in the military and were discharged, did you ever apply to the Veteran's Administration (VA) for service-connected disability for medical injuries?						
			If YES, what percent disability classification do/did you have?%						
		For what kind of medical injury was the award granted? Provide details:							
35.	Briefly medic	y exp cal su	lain any items you marked "yes" or "?." In addition, describe anything else which you feel may be important in evaluating your itability for the position, including any condition(s) not specifically referred to in the preceding questions.						
IT	EM#		EXPLANATION - USE ADDITIONAL SHEETS IF NECESSARY						

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SECTION 4. MEDICAL CONDITIONS														
Indicate if you have, or ever had, any of the following conditions. If you're unsure, mark "?"														
			N	?			Υ	N	?			Υ	N	?
36. EYE, EAR, N	OSE, THROAT		_											
A) Eye surgery					E)	Abnormal color vision test				I)	Ear surgery			
B) Need to wear cor	rective lenses				F)	Refractive surgery (e.g., Lasik, PRK)				J)	Earache			
C) Blurred or double	vision				G)	Ringing or buzzing in ears				K)	Abnormal hearing test			
D) Glaucoma					H)	Hearing trouble								
37. GASTROINTE	STINAL	<u>, </u>												
A) Ulcer / stomach to	ouble				E)	Mucous in stool				I)	Irritable bowel syndrome			
B) Persistent diarrhe	a				F)	Black / bloody bowel movement				J)	Crohn's disease			
C) Colitis					G)	Pancreatitis								
D) Recurrent hemor	hoids				H)	Abnormal liver test / liver disease								
38. GENITOURIN	IARY		•			-								
A) Kidney disease o	rstone				C)	Blood in urine				E)	Menstrual discomfort that kept you from work			
B) Bladder trouble					D)	Prostatitis				F)	Currently pregnant			
39. CARDIOVAS	CULAR	•	•		•	•								
A) Heart attack					C)	Palpitation (irregular heartbeat)				E)	Pain or discomfort in chest			
B) Heart failure					D)	High blood pressure				F)	Swelling of foot or leg			
40. MUSCULOSI	KELETAL													
A) Back trouble/pair	ı				B)	Neck trouble / Pain				C)	Arthritis / Rheumatism			
41. JOINT INJUR	Y / SURGERY / DIS	LOC	ATIC	N/	PAIN	N / SWELLING								
A) Shoulder					D)	Fingers / Toes				G)	Ankle / Foot			
B) Elbow					E)	Hip								
C) Wrist					F)	Knee								
42. NEUROLOGI	CAL					-						-		
A) Epilepsy					F)	Head injury				K)	Tremors			
B) Convulsion / Seiz	cure				G)	Loss of consciousness				L)	Meningitis / Encephalitis			
C) Fainting spells / E	Blackouts				H)	Frequent / recurrent headaches				M)	Numbness of extremities			
D) Multiple Sclerosis	3				I)	Migraine / Sinus headaches				N)	Other			
E) Recurrent dizzine	ess				J)	Carpal Tunnel Syndrome								
43. MISCELLANE	ous	-												
A) Diabetes (glucos	e in urine)				G)	Chronic fatigue				M)	Sleep apnea			
B) Low blood sugar					H)	Night sweats				N)	Snoring			
C) Thyroid trouble					I)	Undesired weight loss or gain				O)	Sleep problems / disorders			
D) Enlarged glands					J)	Multiple chemical sensitivity				P)	Chronic or frequent cough			
E) Cancer / Leukem	ia				K)	Recurrent fever in the last year				Q)	Any other problem or illness not listed that may affect job performance			
F) Non-healing sore	s				L)	Eczema					ay a cryst personner			

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44. Expla	xplain any medical conditions you marked "yes" or "?." Reference the corresponding item num	per and letter in your response (36B, 41F, etc.).
ITEM#	# EXPLANATION - USE ADDITIONAL SHEETS IF NE	CESSARY
SECTION	ON 5. CANDIDATE CONSENT	
illegal sub to obtain	by authorize the performance of a complete medical examination, x-rays, blood testing, and urine testing. I substances and therapeutic medications, and to verify my answers to the questions contained in this medic in current or past medical records and to discuss my medical status and history with my treating physician y answers are true to the best of my knowledge and belief. I am aware that any willful inaccuracy may be re-	al questionnaire. I also authorize the medical examiner or other medical consultants as necessary. I declare
SIGNATURE	RE IN FULL	DATE
•		
SECTION	ON 6. EXAMINING PHYSICIAN'S COMMENTS / NOTES	
ITEM#	# COMMENTS / NOTES	