Arizona Peace Officer Standards and Training Board

MEDICAL HISTORY QUESTIONNAIRE

TO THE APPLICANT: Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the job description for entry level Arizona peace officer. A medical examination, including this form, is required by the Arizona Peace Officer Standards And Training Board prior to appointment as a peace officer. This is to ensure that each applicant is able to safely perform these essential job functions with or without reasonable accommodations. Complete this form prior to your scheduled physical examination as directed by the hiring agency.

NAME: _____ (First) _____ (Middle) _____ (Last)

ADDRESS: _____ (Numbers and Street Name) _____ (City) _____ (State) _____ (Zip Code)

DATE OF BIRTH: _____ (Month/Day/Year) **AGE:** _____ **CURRENT OCCUPATION:** _____

HIRING AGENCY: _____

SECTION A. Have you ever or do you now have any of the following? For "YES" answers, list the question number and supply full details on page 3, the continuation sheet of this form. If the condition required hospitalization, check the corresponding box marked under the title "HOSPITAL".

CONDITION	YES	NO	HOSPITAL	CONDITION	YES	NO	HOSPITAL
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 lens	☐	☐	☐	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, asthma or bronchitis.	☐	☐	☐	38. Mononucleosis	☐	☐	☐
19. Any type of blood disorder	☐	☐	☐	39. Any contagious disease	☐	☐	☐
20. Any sleeping problems.	☐	☐	☐	40. Any immune system disorder	☐	☐	☐

Print Applicant Name:

SECTION A. Continued - Answer the following questions. For "YES" answers, list the question number and supply full details on page 3, the continuation sheet of this form.

QUESTION	YES	NO
41. Have you ever had or been advised to have an operation?	☐	☐
42. Have you ever been a patient (committed or voluntary) in a mental hospital?	☐	☐
43. Have you ever had any other illness, injury, or physical condition not named on this form other than childhood diseases or minor illnesses?	☐	☐
44. Are you presently under a doctor's care for any condition?	☐	☐
45. Have you taken any medication during the last 12 months?	☐	☐
46. Do you have any physical or emotional limitations?	☐	☐
47. Do you smoke? If "YES", place the number of packs per day in the following blank: ___	☐	☐
48. 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	Telephone # (Include area code)	ADDRESS (street, city, state, zip code)

SECTION B: ILLEGAL DRUGS or CONTROLLED SUBSTANCES:
List all illegal drugs or controlled substances you have ever used to treat or alleviate the symptoms of a medical condition. This includes marijuana and other controlled substances as well as prescription drugs or medications that were not prescribed for you. (Use page 3, the continuation sheet as needed OR directed below).

On page 3, the continuation sheet of this form please list the following for each drug(s) or controlled substance(s) that you listed above:
Was the use prescribed or recommended by a physician or health care provider? If yes, list the names, address and telephone number of each physician or health care provider who prescribed or recommended the drug or controlled substances.
List the date of the first and last use of the drug or controlled substance.
Describe every way you obtained the drug or controlled substance.
Describe the character of use; include methods of ingestion, location, dosages, frequencies, persons present or those persons with knowledge of the use.
Describe why you stopped using it, if applicable.
State any other factors you believe are relevant to a discussion of your medical condition or the propriety of your drug or controlled substance use.
Other than to actually treat the medical condition, describe any uses of the drug or controlled substances.

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

_____ _____
Signature of Applicant (Sign in Ink) **Date**

PENALTY: Any falsification, withholding information 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 the hiring agency or Arizona POST may deem necessary.

_____ _____
Signature of Applicant (Sign in Ink) **Date**

Arizona Peace Officer Standards and Training Board

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Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question No.	