**Applicant Information:**

1. **Full Name:**
   * Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Position Applied For:**
3. **Contact Information:**
   * Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History:**

Please answer the following questions honestly and to the best of your knowledge.

1. **General Health:**
   * a. Do you have any medical conditions that may affect your ability to perform the essential functions of the job? (e.g., chronic illnesses, physical limitations)
     + Yes / No
   * b. If yes, please provide details:
2. **Physical Abilities:**
   * a. Are there any physical activities or requirements of the job that you anticipate may be challenging for you?
     + Yes / No
   * b. If yes, please specify:
3. **Medications:**
   * a. Are you currently taking any medications that may affect your job performance?
     + Yes / No
   * b. If yes, please list the medications and their potential impact:
4. **Disabilities:**
   * a. Do you have any disabilities that may require accommodation for you to perform the essential functions of the job?
     + Yes / No
   * b. If yes, please describe the accommodation(s) you may need:
5. **Infectious Diseases:**
   * a. Have you had any recent or chronic infectious diseases that may pose a risk to the health and safety of others in the workplace?
     + Yes / No
   * b. If yes, please provide details:

**Authorization and Consent:**

I hereby acknowledge that the information provided in this health questionnaire is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from employment or termination if already employed.

**Applicant's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*Note: The completion of this questionnaire is voluntary. The information provided will be kept confidential and used solely for assessing your ability to perform the essential functions of the job.*