



WORKERS' COMPENSTATION EMPLOYEY MEDICAL HISTORY QUESTIONNAIRE

Completion of this report is requested to assist your employer in meeting the knowledge requirement for the Georgia Subsequent Injury Trust Fund. O.C.G.A. 34-9-350 provides for recovery form Subsequent Injury Trust fund when an injury merges with a preexisting permanent physical impairment to cause a greater disability than would have resulted from the injury alone. The following questions are to be answered by each employee.

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____
Social Security Number: _____ Date of Birth: _____

To the best of your knowledge do you have, or have had, any of the following medical conditions? Answer Yes or No (Please fill in blanks as indicated and use "Remarks" section to explain in detail if needed).

- ___ Epilepsy
___ Diabetes
___ Arthritis-state body part affected
___ Amputated foot,leg,arm, or hand
___ Loss of sight of one or both eyes, or a Partial loss of uncorrected vision of more than 75 percent bilaterally
___ Residual disability form polio (poliomyelitis)
___ Cerebral palsy
___ Multiple sclerosis
___ Cardiovascular disorders
___ Tuberculosis
___ Mental retardation
___ Psychoneurotic disability following confinement of treatment in a recognized medical or mental institution for a period in excess of 6 months
___ Hemophilia
___ Sickle Cell Anemia
___ Chronic osteomyelitis
___ Ankyloses of major weight-bearing joints
___ Hyperinsulinism
___ Muscular dystrophy
___ Total occupational loss of hearing as defined in Code 34-9-264
___ Compressed air sequelae (the bends; problems produced by flying at high altitudes; exposure to high atmospheric pressure as I scuba diving
___ Ruptured intervertebral disc
___ Back conditions
___ a. Back Surgery
___ b. Degenerative disc disease
___ c. Multiple back strains
___ d. Chronic back pain
___ e. Other (explain below)
___ Neck conditions
___ a. Neck Surgery
___ b. Degenerative disc disease
___ c. Multiple neck strains
___ d. Chronic neck pain
___ e. Other (explain below)
___ Knee condition
___ a. Left knee surgery
___ b. Right knee surgery
___ c. Other (explain below)
___ Hip replacement surgery
___ Asthma
___ Any other preexisting condition that has been rated by a doctor 20%, or more, impairment to the foot,leg,hand,arm, or to the body as a whole.

Remarks)including any other condition not listed above):

Employee Signature

Date