ALASKA POLICE STANDARDS COUNCIL

Health Questionnaire
F-2A

Medical Examination Report
F-2B

For Police, Village Police, Correctional/ Probation/Parole and Municipal Correctional Officers

WARNING TO HIRING AGENCY

Forms F-2A & F-2B must not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2A & F-2B should be maintained in a separate file to ensure confidentiality and to limit access.

CONFIDENTIAL RECORDS

Information contained on this form will be used by the council for purposes of determining the applicant's eligibility for employment and certification.

Alaska Police Standards Council
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Juneau, AK 99811-1200
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HEALTH QUESTIONNAIRE

F-2A

COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND GIVE IT TO THE EXAMINER AT THE TIME OF EXAMINATION.

CANDIDATE'S NAME (Last, First, Middle)		ADDRESS
DATE OF BIRTH	AGE	CURRENT OCCUPATION
HIRING AGENCY		

SECTION A Have you ever or do you now have any of the following? For "**YES**" answers, supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding box.

CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury				21. Skin condition			
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, 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				27. Polio			
8. Eye injury, surgery, or disease				28. Rheumatic fever			
9. Have you ever worn glasses/contact lens				29. Heart trouble (including circulatory)			
10. Hard of hearing or hearing problems				30. High or low blood pressure			
11. Headaches				31. Varicose veins			
12. Mental illness or nervous breakdown				32. Diabetes or sugar in urine			
13. Addiction to drugs or alcohol				33. Colitis			
14. Fainting or dizzy spells, epilepsy				34. Gall bladder trouble			
15. Hepatitis, jaundice, 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 or asthma				38. Mononucleosis			
19. Any type of blood disorder				39. Any contagious disease			
20. Bronchitis							

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APSC 12/19/2016

Answer the following questions. If the answer is **"YES"**, list the question number, the nature and date(s) in Section B.	YES	NO
40. Have you ever had or been advised to have an operation?	☐	☐
41. Have you ever been a patient (committed or voluntary) in a mental hospital?	☐	☐
42. Have you ever had any other illness, injury, or physical condition not named on this form?	☐	☐
43. Are you presently under a doctor's care for any condition?	☐	☐
44. Have you taken any medication during the last 12 months?	☐	☐
45. Do you have any physical or emotional limitations?	☐	☐
46. Have you ever been treated or received counseling for drug abuse?	☐	☐
47. Do you smoke? If "YES", number of packs per day: _____	☐	☐
48. Do you drink? If "YES", number of drinks per week: _____	☐	☐
49. Have you had an injury within the last 5 years which caused you to lose time from work?	☐	☐
50. Have you even been denied employment or insurance for medical reasons?	☐	☐
51. Have you even been discharged or released from employment or the armed forces for medical or emotional reasons?	☐	☐
52. Have you ever received or applied for a pension or compensation for disability or injury?	☐	☐

SECTION B

Please explain all items answered "**YES**," in this questionnaire; identify question number, date of onset, diagnosis and your present condition.

#	DATE	DETAILS

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APSC 12/19/2016

EXAMINERS CONSULTED (For any of the questions answered "**YES**", identify the Question Number and Examiner Information.)			
#	**DATE**	**EXAMINER**	**ADDRESS (Number, Street, City, State, Zip)**

Any falsification, withholding of information or failure to answer all questions completely and accurately may cause forfeiture of all rights to this employment.

I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.

DONE at _____ on this ____ day of _____, 20___.

_____

Candidate Signature

HEALTH QUESTIONNAIRE F-2A REVIEWED BY:	**EXAMINER'S NAME, ADDRESS, AND TELEPHONE #**
EXAMINER'S SIGNATURE **DATE**	

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APSC 12/19/2016