

MEDICAL HISTORY QUESTIONNAIRE

To the Applicant: The employer has made you an offer of employment, conditioned on the satisfactory completion of this questionnaire and, if the employer deems it necessary, on the results of a medical examination. The purpose of this inquiry is to determine whether you currently have the physical or mental qualifications necessary to perform the job that has been offered, whether and what accommodations may be necessary, and whether you can perform the job without posing a direct threat to the health or safety of yourself or others. (An examination will be required only if it is required for all other applicants for the same job category or your response to questions indicates need for physician opinion as to whether or not you should be able to perform the duties of the position. The cost of the examination would be borne by the employer.)

1.	Do you currently have a contagious disease or infection that would pose a significant risk of transmission to others and that could not be accommodated by postponing your employment starting date? Yes No
	If yes, explain.
2.	Do you have any physical or mental disabilities that would prevent you from performing the essential
	functions of the job you have been offered with or without reasonable accommodation and in a manner that does not pose a direct threat to yourself or others?
	If yes, explain
3.	Do you require any accommodations to physical or mental disabilities in order to perform the essential
	functions of the job you have been offered?
	If yes, explain
4.	Do you currently use <u>illegal</u> drugs <u>and/or lawful</u> drugs or controlled substances <u>that affect your ability to perform the essential functions of the job you have been offered, with or without reasonable accommodation and in a manner that does not pose a direct threat to yourself or others? </u>
The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered to 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 an	
	netic information when responding to this request for medical information. "Genetic information" as defined 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's family member sought 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.	
The District may be entitled to medical verification of any asserted disability and/or medical condition and related restrictions. Under state and federal law, both the employer and employee are expected to engage in an ongoing "interactive" process to determine the nature and extent of the restrictions and reasonable accommodations. The District will comply with all legal obligations in regard to your employment, including an obligation to reasonably accommodate protected disabilities.	
	ereby certify that the above statements are true, to the best of my knowledge, and that any intentional misstatements of t may result in the employer's withdrawing its conditional offer of employment or in dismissal.
En	nployee: Date
Siç	gnature: