



Medical Questionnaire for Individuals Who Drive Powered Industrial Trucks, Tractors or Overhead Cranes

Name: _____
 Last _____ First _____ Middle _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Home phone: _____ PID: _____
 (APID if student, ZPID if employee)

Department: _____ Job Title: _____

Dept. phone: _____ Supervisor: _____

Date of Birth: _____ Height: _____ Weight: _____

Regular working hours: _____ Gender: Male Female

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you supposed to wear corrective lenses when you drive a car?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid medical examiners (truck driver) card from MSU ? If NO, complete this form. If YES, and you are seen every two years at MSU Occupational Health for a driver exam and have a current card, indicate the date of expiration <input type="text"/> and STOP HERE-you do NOT have to complete the rest of the questionnaire. If you have a card from elsewhere or were grandfathered in, complete the rest of the form.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other vision problems? If yes , describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had your hearing checked? If yes , what were the results? Normal <input type="checkbox"/> Decreased hearing <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have you been advised to wear a hearing aid? If yes , do you wear it? Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes	No	Do you currently have any of the following medical conditions?
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease? If yes , indicate type:
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes? If yes , have you had episodes of low blood sugar in the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , how often?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizure disorder? If yes, when was your last seizure?
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis? If yes, what joints are involved?
<input type="checkbox"/>	<input type="checkbox"/>	Foot problem? If yes, describe problem:
<input type="checkbox"/>	<input type="checkbox"/>	Knee problem? If yes, describe problem:
<input type="checkbox"/>	<input type="checkbox"/>	Back problem? If yes, describe problem:
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder problem? If yes, describe problem:
<input type="checkbox"/>	<input type="checkbox"/>	Hand problem? If yes, describe problem:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any limitations of your arms or legs? If yes, specify limitations:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any health condition(s) that could affect your ability to drive safely? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently take any medications? If yes, please list:
<input type="checkbox"/>	<input type="checkbox"/>	Do you drink alcohol? If YES, please continue to the next page. If NO, please STOP here and place questionnaire in a sealed envelope and send to: MSU Occupational Health, 346 Olin Health Center, Michigan State University, East Lansing, MI 48824-1037. Do not return this form to EHS, your department, or supervisor. Thank you.

Please read each question carefully before answering.

SHORT ALCOHOLISM SCREENING TEST

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been in a hospital because of your drinking?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested for drunken driving, driving while intoxicated or driving under the influence of alcoholic beverages?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested, even for a few hours, because of other drunken behavior?
Thank you.		

Return this completed form in a sealed envelope to:

MSU Occupational Health
Olin Health Center
463 East Circle Drive, Room 346
East Lansing, MI 48824-1037

Do not return to EHS, your department, or supervisor.