



FDNY BUREAU OF HEALTH SERVICES

CANDIDATE MEDICAL HISTORY QUESTIONNAIRE – BHS FORM 2

CANDIDATE INFORMATION

Name (Last, First):	Last Four Digits of Social Security:	Date of Birth (MM/DD/YYYY):	Civil Service Title:
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MEDICAL HISTORY QUESTIONNAIRE

INSTRUCTIONS

Given the strenuous physical exertion that is required to perform the job for which you are a candidate, you must carefully read all questions listed below and, to the best of your knowledge, fully and accurately respond to all questions. Check "Yes" if you have *ever had* the condition, illness, medical procedure, or status for each item listed below. Check "No" if, to the best of your knowledge, you have *never had* the condition, illness, medical procedure or status for each item listed below.

QUESTION	YES	NO
Are you taking or are required to take any medication?		
Have you ever been treated for heart, lung, or seizure problems, or for hypertension (abnormal blood pressure)?		
Has a medical services provider informed you that you have a heart problem, including a heart murmur?		
Have you ever experienced shortness of breath, chest pain, or heart palpitations?		
Have you ever experienced fits, seizures, blackouts, faintness or dizziness?		
Have you ever been informed by a medical services provider that you have a bone or joint problem that might be made worse by exercise?		
Are you not accustomed to regular exercise?		
Do you regularly exercise for at least 20 minutes, three times per week?		
Do you smoke Tobacco? If Yes, how many packs per day? _____ (skip if you have answered No)		
Have you smoked Tobacco in the past? If Yes, how long ago? _____ (skip if you have answered No) If Yes, how many packs per day? _____ (skip if you have answered No)		
If you have other health concerns, or any problems that might limit your ability to exercise vigorously and safely, or if you are not capable of performing emergency response work in the field, please explain below. You may use additional sheets, to respond.		

I declare under penalty of perjury and other penalties provided by law, that I have fully completed this Medical History Questionnaire, and that the statements contained therein are, to the best of my knowledge, true, correct and complete, and that I have not knowingly or willfully made a false statement regarding my physical, mental or medical condition in connection with my application for employment with the NYC Fire Department. I acknowledge that any material misrepresentation of fact, or omission of material fact, or other false statement in completing this form or made during a medical examination in connection with my application for employment with the NYC Fire Department will result in my disqualification or in revocation of my appointment.

SIGNATURE: _____

DATE: _____