



MEDICAL INQUIRY

NAME: _____ EXAM #: _____ LIST #: _____

I, _____, declare that I have examined the medical forms which I have completed, and that the statements contained therein are to the best of my knowledge, true and correct, and that I have not knowingly and/or willfully made any omissions or a false statement of fact. I also declare that subsequent to filling out these forms and questionnaires, there has been no change in my medical status except for the following: I also acknowledge that any change in my medical status after the NYC/DOC medical must be immediately reported to the AIU medical unit and that failure to do so could result in **termination of employment** with NYC / DOC.

STATE ANY CHANGE OR OMISSIONS HERE (IF NONE, WRITE "NONE")

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: _____ Exam #: _____ List #: _____

Position Sought: _____

Date: _____ Signature: _____

Sworn to before me this _____ day of _____, 200_____.

Notary Public / Commissioner of Deeds
