

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Since your post offer, pre hire assessment of your physical abilities last year, have you had any illnesses or sickness? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Since your post offer, pre-hire assessment of your physical abilities last year, have you started any new medications? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Since your post offer, pre-hire assessment of your physical abilities last year, have you had any injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Is there any reason that you feel you CANNOT safely handle the physical demands of this job? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Statement of honesty:** I realize that Cumberland is concerned about my ability to do my job safely, therefore, I have answered the above questions to the best of my knowledge. I understand that withholding any relevant information or giving false information regarding the above can be caused for termination.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR Cumberland OFFICE USE ONLY**

DATE APPLICANT TO START WORK: \_\_\_\_\_

DATE ORIGINAL JPA COMPLETED: \_\_\_\_\_ STATUS: GREEN; YELLOW RED

\_\_\_\_\_ COPY SENT TO CENTRAL MAINE CONDITIONING CLINIC.

REVEIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_