ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities • Office of Licensing Certification & Regulation (OLCR)

HEALTH SELF-DISCLOSURE

The Health Self-Disclosure and Physician Statement must be dated within six months of the submission date of the application

PATIENT'S NAME _____ GENDER ☐ M ☐ F BIRTHDATE _____
(Last, First, M.I.)

ADDRESS (No., Street, City, State, ZIP) _____

DATE OF MOST RECENT PHYSICAL EXAMINATION _____

Respond to each of the following. The disclosure of a health condition will NOT automatically preclude licensure.

I have a History of:	Yes	No	I have a History of:	Yes	No	I have a History of:	Yes	No
Alcohol Abuse	☐	☐	Diabetes	☐	☐	High Blood Pressure	☐	☐
Asthma/Respiratory Problems	☐	☐	Drug Abuse	☐	☐	HIV/AIDS	☐	☐
Autoimmune Disease	☐	☐	Epilepsy	☐	☐	Mental Illness	☐	☐
Cancer	☐	☐	Heart Disease	☐	☐	Tuberculosis	☐	☐
Chronic Pain Disorder	☐	☐	Hepatitis	☐	☐	Other:	☐	☐

EXPLAIN ANY "YES" ANSWERS TO THE ABOVE AND IDENTIFY THE TREATING PHYSICIAN/SPECIALIST

SUMMARY OF PAST OR PRESENT MAJOR ILLNESSES, SURGERIES OR TREATMENTS

I HAVE RECEIVED SERVICES OR TREATMENT FOR A PSYCHIATRIC DISORDER, EMOTIONAL PROBLEM, OR DEPRESSION

☐ Yes ☐ No If yes, explain:

I HAVE RECEIVED SERVICES OR TREATMENT FOR SUBSTANCE ABUSE

☐ Yes ☐ No If yes, explain:

I regularly use the following over-the-counter and prescription medications.

Medication	Reason for Use	Medication	Reason for Use

I certify that the information provided above is true, accurate, and complete. I understand that providing false information or the intentional misrepresentation of information on this Disclosure may result in the denial or revocation of my license/certification. I give permission for my physician to release this medical information to the agency specified at the end of the form. The Health Self-Disclosure and the Physician's Statement are to be used only for the purpose of evaluating me or a household member for licensure/certification.

PATIENT'S SIGNATURE _____ DATE _____

See reverse for EOE/ADA/LEP/GINA disclosures