



Employee Health Post Job Offer Pre-Placement Questionnaire

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NOTICE TO APPLICANTS

In compliance with the Americans with Disabilities Act of 2008 (ADA), you have received a conditional offer of employment. This medical history statement is required of all offerees. The answers to the medical history statement and any medical examination will be kept confidential and in separate files in compliance with the ADA requirements. The job offer which you have received is conditional upon satisfactory completion and review of this medical history statement and any required medical examination or follow-up.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) OF 2008

Title II of the GINA prohibits employers and other entities by GINA Title II from requesting or requiring genetic information of employees or their family members. To comply with this law, we are asking that you not provide any genetic information when responding to a request for medical information. "Genetic information," as defined by GINA, includes an individual's family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member and genetic information of an embryo lawfully held by an individual or family member receiving assistive reproductive services.

APPLICANT AFFIRMATION

I herewith affirm that the employer has made me an offer of employment, conditional on the satisfactory completion of this questionnaire and any required medical examination or follow-up.

The purpose of this inquiry is:

- To determine whether I currently have the physical qualifications necessary to perform the job that has been offered.
- To determine whether and what accommodation(s) may be necessary.
- To determine whether I can perform the essential functions of the job, without posing a significant direct threat to the health and safety of myself and others.

This information will be kept strictly confidential in a separate medical file, apart from my personnel file. I hereby affirm that the questions in the medical questionnaire have not been asked of me by anyone with the employer until after I signed this statement and been offered a conditional job.

Monument Health is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. Monument Health is committed to employment, its services, programs, and activities. To request reasonable accommodation, contact HRConnect@monument.health or call (605) 755-5510.



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1. Are you capable of performing the essential functions and physical requirements of the attached job description?
- Yes
 No

2. Do you have any injury or condition that requires reasonable accommodation for you to be able to perform the essential duties of this job position?
- Yes
 No

If yes, what accommodation(s) do you need to perform the job? _____

3. Has a healthcare provider limited the amount of weight you can lift?
- Yes
 No

If yes, list the weight limitation and the date that your healthcare provider issued you the limitations: _____

CERTIFICATION AND RELEASE (Please complete and sign)

I, certify that the statements are true and correct to the best of my knowledge. I understand that this inquiry, and physical examination if applicable, are made solely in connection with work requirements and do not constitute a comprehensive medical examination. I further understand that this inquiry, and the examination if applicable, does not involve a customary doctor-patient relationship.

Caregivers 18 years and older:

Name PRINT: _____

Signature: _____ Date: _____ Time: _____

Parent/Legal Guardian for Caregivers under the age of 18:

Parent/Legal Guardian Name PRINT: _____

Parent/ Legal Guardian Signature: _____ Date: _____ Time: _____

Minor's Name PRINT: _____ Date: _____ Time: _____