BP-A0630
FEB 17

APPLICANT MEDICAL HISTORY REPORT

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY PRIVILEGED USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

Examining Facility:	Date of Examination:
Last Name - First Name - Middle Name:	Date of Birth:

Statement of your present health and any medications currently used:

Have you ever: (Please check each item)	Yes	No	Do you (Please check each item)	Yes	No
(1) Been treated for Tuberculosis?	☐	☐	(7) Wear glasses or contact lenses?	☐	☐
(2) Been treated for psychiatric condition?	☐	☐	(8) Have vision in both eyes?	☐	☐
(3) Been hospitalized for medical or psychiatric care?	☐	☐	(9) Wear a hearing aid?	☐	☐
(4) Been denied employment for medical /psychiatric reasons?	☐	☐	(10) Wear a back brace or back support?	☐	☐
(5) Been advised to have surgery that has not been done?	☐	☐	(11) Have any allergies?	☐	☐
(6) Applied for any disability compensation?	☐	☐	(12) Take prescription medications currently?	☐	☐

HAVE YOU EVER HAD OR HAVE NOW:

(Please check each item)	Yes	No	(Please check each item)	Yes	No	(Please check each item)	Yes	No
Headaches	☐	☐	Chronic cough	☐	☐	Bone disease	☐	☐
Dizziness/Fainting	☐	☐	Pain/Pressure in chest	☐	☐	Unstable joints	☐	☐
Ear, Nose, Throat trouble	☐	☐	Heart disease	☐	☐	Broken bones	☐	☐
Hearing Loss	☐	☐	High/Low Blood Pressure	☐	☐	Epilepsy	☐	☐
Head Injury	☐	☐	Gallbladder disease	☐	☐	Depression	☐	☐
Skin disease	☐	☐	Leg cramps	☐	☐	Suicide Attempt	☐	☐
Thyroid disease	☐	☐	Tumor/Cancer	☐	☐	Diabetes	☐	☐
Asthma	☐	☐	Hernia	☐	☐	Ulcer disease	☐	☐
Painful/Swollen joints	☐	☐	Hemorrhoids	☐	☐	Hepatitis	☐	☐
Urinary trouble	☐	☐	Kidney stones	☐	☐	Pregnancy (females only)	☐	☐
Foot problems	☐	☐	Kidney disease	☐	☐	Abnormal menstrual cycle (females only)	☐	☐

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

Typed or printed name of Examinee:	Signature:

APPLICANT Last Name – First Name – Middle Name:	Date of Examination:

To be Completed by Reviewing Examiner:

Explain all the "Yes" Responses to questions on Front Page:

Typed or Printed Name of Examiner:	Signature:	Date:

END