

**POST HIRE QUESTIONNAIRE FOR  
SECOND INJURY FUND QUALIFICATION**

The purpose of this questionnaire is to preserve the Employer's right to obtain Second Injury Fund reimbursement if you suffer a work-related injury in employment. If the resulting disability is greater due to aggravation of a pre-existing condition, or because the injury combines with the pre-existing condition, the Employer may be able to obtain reimbursement from the Fund of some workers' compensation benefits paid to you. The completed questionnaire will be retained in your confidential medical file. You may update the information at any time.

Department \_\_\_\_\_

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Have you ever had, or do you now have, any of the following conditions? *Note: this list is derived from Alaska Statute 23.30.205. PLEASE COMPLETE BOTH COLUMNS.*

YES	NO		YES	NO	
_____	_____	EPILEPSY	_____	_____	DIABETES
_____	_____	MUSCULAR DYSTROPHY (any form)	_____	_____	HYPERINSULINISM
_____	_____	PARKINSON'S DISEASE	_____	_____	TUBERCULOSIS
_____	_____	POLIOMYELITIS residuals	_____	_____	LOSS OF SIGHT one or two eyes
_____	_____	CEREBRAL PALSY	_____	_____	VISION LOSS greater than 75%
_____	_____	CEREBRAL VASCULAR ACCIDENT(Stroke)			bilaterally, uncorrected
_____	_____	MULTIPLE SCLEROSIS	_____	_____	VARICOSE VEINS
_____	_____	CHRONIC OSTEOMYELITIS	_____	_____	THROMBOPHLEBITIS
_____	_____	RUPTURED (HERNIATED) INTERVETEBRAL	_____	_____	ARTERIOSCLEROSIS
		DISC (SPINAL DISK OR H.N.P.)	_____	_____	CARDIAC DISEASE of any kind
_____	_____	ANKYLOSIS OF JOINTS (Fused joints)	_____	_____	SILICOSIS
_____	_____	OSTEOPOROSIS	_____	_____	COMPRESSED AIR SEQUELAE
_____	_____	ARTHRITIS of any kind	_____	_____	HEAVY METAL POISONING
_____	_____	SPONDYLOLISTHESIS	_____	_____	IONIZING RADIATION INJURY
_____	_____	HEMOPHILIA	_____	_____	AMPUTATION foot, leg, arm,hand

Have you ever had, or do you now have any condition, disease or injury which resulted in 200 weeks or more of inability to work? *The 200 weeks need not be continuous. If your answer is yes, please briefly describe the condition or injury.* \_\_\_\_\_

Have you ever had a permanent impairment rating, single or combined, of 35% of the whole person or greater? *If your answer is yes, please state the condition or injury(ies) which led to the rating.* \_\_\_\_\_

**READ CAREFULLY, SIGN AND DATE:**

I understand that the State is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the State having to pay more for workers' compensation benefits than it would if I had disclosed a qualifying condition. I have answered the above questions to the best of my knowledge. I understand that if I knowingly make a false statement regarding my physical condition, I may not receive Workers' Compensation benefits under AS 23.30, the Alaska Workers' Compensation Act. I understand that this information will be kept in my confidential medical file and will be used for workers' compensation purposes only.

Signed \_\_\_\_\_

Dated \_\_\_\_\_