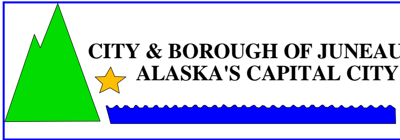

Human Resources & Risk Management Division
155 S. Seward Street
Juneau, Alaska 99801
(907) 586-5250

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 ______________________ Social Security No. ______________________

Name ______________________ Date of Birth ______________________

Address Telephone No. ______________________

____
street *city, state, zip*

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% bilaterally, uncorrected
☐	☐	CEREBRAL VASCULAR ACCIDENT (Stroke)	☐	☐	VARICOSE VEINS
☐	☐	MULTIPLE SCLEROSIS	☐	☐	THROMBPHLEBITIS
☐	☐	CHRONIC OSTEOMYELITIS	☐	☐	ARTERIOSCLEROSIS
☐	☐	RUPTURED (HERNIATED) INTERVETEBRAL 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. YES ☐ NO ☐ 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?
YES ☐ NO ☐ 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 CBJ is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the CBJ 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: ______________________