

# HILLSBORO-DEERING SCHOOL DISTRICT

## SECOND INJURY FUND

### POST CONDITIONAL EMPLOYMENT OFFER MEDICAL FORM

Employee \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Date of Hire \_\_\_\_\_ Last 4 of SS \_\_\_\_\_

We require the following information in order to satisfy our obligations under the New Hampshire Workers' Compensation Law, RSA 281-A. In order to apply for reimbursement from the Second Injury Fund in the event that you may suffer a work-related injury while employed with us, we must have written documentation of any physical or mental impairment which you may have or have previously suffered. This documentation and any related information that you provide in connection with this inquiry will be maintained confidentially and separately from your employee personnel file.

**This document and any related information that you provide in connection with this inquiry will only be used as permitted under the *Americans With Disabilities Act* and New Hampshire Workers' Compensation Law.**

Please identify any prior or current physical or mental impairments, from any cause or origin, to include all non-work-related conditions and any and all injuries which you may have received workers' compensation for in the past. An example of such conditions include: high blood pressure, diabetes, respiratory or cardiovascular concerns (and any medication you may be on for the same), motor vehicle accidents, prior back injuries, and any surgical procedures.

Nature of Condition or Injury	Date of Injury or Date of Onset	Physical Name / Address	List of restrictions or limitations caused by this condition/injury

I certify that the information herein is complete and correct to the best of my knowledge. I understand that falsification of this information is grounds for disciplinary action up to and including termination from employment. If I am hired and any such information is later found to be incomplete, false or misleading in any respect, I may be discharged.

I have read and fully understand the above Notice Section.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_