

## Candidate Medical Examination Record Instructions

Sandia National Laboratories Health Services, Albuquerque

**You will be contacted by Sandia Medical to schedule your urinalysis drug test/pre-employment medical exam after you return your signed Employment Acceptance forms to Sandia.**

<p>Local Applicants (Albuquerque and surrounding area)</p>	<ol style="list-style-type: none"> <li>1. Complete <b>Part 1</b> of the <i>Candidate Medical Examination</i> form.             <ol style="list-style-type: none"> <li>a. Be sure to provide comments on the items to which you check “<b>yes.</b>” Read and <b>sign</b> the certifying statement on the last page.</li> </ol> </li> <li>2. Bring the <i>Candidate Medical Examination</i> form to your scheduled appointment with the Health Services Center.</li> <li>3. Part II of the <i>Candidate Medical Examination</i> form will be completed by a Sandia medical professional at the time of your urinalysis drug test/pre-employment medical exam appointment.             <p style="margin-left: 40px;">NOTE: If the Sandia job you are pursuing requires physical demands, an additional contingency of employment must include satisfactory completion of a Job Placement Assessment (JPA).</p> </li> <li>4. If applicable, you may be required to sign a “Certificate of Pre-Existing Physical Impairment” under the provisions of New Mexico law.</li> </ol>
<p>Out-of-Town</p>	<ol style="list-style-type: none"> <li>1. Complete <b>Part 1</b> of the <i>Candidate Medical Examination</i> form.             <ol style="list-style-type: none"> <li>a. Be sure to provide comments on the items to which you check “<b>yes.</b>” Read and <b>sign</b> the certifying statement on the last page.</li> </ol> </li> <li>2. Return the <i>Candidate Medical Examination</i> form in the postage-paid, self-addressed envelope addressed to the Medical Director.</li> <li>3. Part II of the <i>Candidate Medical Examination</i> form will be completed by a Sandia medical professional at the time of your pre-employment medical exam appointment.             <p style="margin-left: 40px;">NOTE: If the Sandia job you are pursuing requires physical demands, an additional contingency of employment must include satisfactory completion of a Job Placement Assessment (JPA).</p> </li> <li>4. If applicable, you may be required to sign a “Certificate of Pre-Existing Physical Impairment” under the provisions of New Mexico law.</li> </ol>
<p>Applicants working at another location (i.e., not SNL NM)</p>	<ol style="list-style-type: none"> <li>1. Complete <b>Part 1</b> of the <i>Candidate Medical Examination</i> form.             <ol style="list-style-type: none"> <li>a. Be sure to provide comments on the items to which you check “<b>yes.</b>” Read and <b>sign</b> the certifying statement on the last page.</li> </ol> </li> <li>2. Return the <i>Candidate Medical Examination</i> form in the postage-paid, self-addressed envelope addressed to the Medical Director.             <p style="margin-left: 40px;">NOTE: If the Sandia job you are pursuing requires physical demands, an additional contingency of employment must include satisfactory completion of a Job Placement Assessment (JPA).</p> </li> <li>3. If applicable, you may be required to sign a “Certificate of Pre-Existing Physical Impairment” under the provisions of New Mexico law.</li> </ol>
<p>ALL Applicants completing drug testing and exam at SNL Albuquerque</p>	<p>Driving Directions to HBE for drug test and exam:</p> <ol style="list-style-type: none"> <li>a. Enter through the Gibson Gate.</li> <li>b. At the Gibson gate the guard will ask for your driver’s license, proof of insurance and registration.</li> <li>c. Proceed on Gibson to Wyoming.</li> <li>d. Turn right on Wyoming and move to the left lane.</li> <li>e. Turn left at the first stop light (Frost Avenue).</li> <li>f. Continue on Frost Avenue to the first stop light.</li> <li>g. Turn right and park in one of the available parking lots.</li> <li>h. Enter Building 831 through the west entrance. Stop at the front desk.</li> </ol>

## CANDIDATE MEDICAL EXAMINATION RECORD

**Part I - Please Print**

Name (Last, First, Initial)		Street Address	
Last 4# of Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	City, State, Zip	
Date of Birth		Home Phone (    )	
Title of your new job at Sandia			

**Occupational History:**

Please answer the following questions and explain in the space provided:

	Y	N	Comments:
Do you think any health problems or injuries since your last exam may be connected with your present or past job(s) since your last exam?			
Have you ever related a rash to any substance in the workplace?			
Have you ever lost work due to a work-related illness or injury?			
Have you ever worked at a job that affected your breathing: such as causing coughing, shortness of breath or wheezing?			
Have you ever changed jobs or your residence because of a health problem or injury?			
Do you have hobbies, crafts, or jobs including farming, outside SNL?			
Does any household member work with dusts or chemicals?			
Do you use pesticides around your home?			
Have you ever worked with beryllium at any DOE related site/facility?			

<i>Current Medical Problems</i>	<i>Current Medications for each Problem (including over the counter)</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6. Do you have any <b>ALLERGIES/REACTIONS</b> to medications or foods? (Please List) <input type="checkbox"/> NONE	
<b>Immunizations</b>	Date of last Tetanus: _____ <input type="checkbox"/> UNKNOWN

**Review of Systems - Have you ever had, or do you now have any of the following? .**

	Yes	No		Yes	No
7. <input type="checkbox"/> Diabetes Mellitus, <input type="checkbox"/> blood disease, <input type="checkbox"/> heart disease, <input type="checkbox"/> hypertension, <input type="checkbox"/> arthritis, <input type="checkbox"/> cancer, or <input type="checkbox"/> neurologic diseases?			12. <input type="checkbox"/> Hernia, <input type="checkbox"/> rupture, or <input type="checkbox"/> back disc disease?		
8. Problems with your <input type="checkbox"/> ears, <input type="checkbox"/> eyes, <input type="checkbox"/> nosebleeds, or <input type="checkbox"/> throat trouble?			13. Transferred from one job to another because of health problems?		
9. <input type="checkbox"/> Shortness of breath, <input type="checkbox"/> chest pain, <input type="checkbox"/> history of asthma or <input type="checkbox"/> lung disease? :			14. Weakness in <input type="checkbox"/> legs, <input type="checkbox"/> feet, <input type="checkbox"/> arms, <input type="checkbox"/> hands, or <input type="checkbox"/> back pain?		
10. <input type="checkbox"/> Ulcers, <input type="checkbox"/> abdomen pain, <input type="checkbox"/> change in your bowel habits, <input type="checkbox"/> blood in your stool, or <input type="checkbox"/> change in the caliber of your bowel movements? :			15. <input type="checkbox"/> Skin diseases, <input type="checkbox"/> rashes, <input type="checkbox"/> skin sensitivity, <input type="checkbox"/> lumps, or <input type="checkbox"/> changes in a mole?		
11. <input type="checkbox"/> Urinary problems, <input type="checkbox"/> blood in your urine, <input type="checkbox"/> stones, or <input type="checkbox"/> frequent urinary tract infections?			16. Have you been under the care of a mental health professional ( <input type="checkbox"/> psychiatrist, <input type="checkbox"/> psychologist) at any time during the past five years?		

**Sandia Proprietary Information**  
*Personal Identifiable Information (PII) when completed*



**Social History** - Comment in space provided (below) on all "Yes" answers

	Yes	No		Yes	No
17. Have you ever used tobacco? If so what kind(s)? <input type="checkbox"/> cigarettes <input type="checkbox"/> cigar <input type="checkbox"/> chew <input type="checkbox"/> snuff how much? _____ how long? _____ <input type="checkbox"/> former smoker--year quit:			19. Have you been in treatment for <input type="checkbox"/> alcohol or <input type="checkbox"/> substance abuse problems at any time during the past five years?		
18. Have you used any illegal drugs any time within the past two years?			20. Have you ever been hospitalized for a <input type="checkbox"/> psychiatric condition or <input type="checkbox"/> substance abuse disorder?		

21. Primary Care Physician:

**Impairments** - Comment in the space provided below on all "Yes" answers

	Yes	No		Yes	No
22. Do you have any physical or mental impairment that would affect you in your job?			24. Do you need any accommodations to successfully do your job?		
23. Have you ever suffered any injury that resulted in a physical or mental impairment?					

**Comments Regarding Items Checked "Yes" Above.**

Item #	Comments

I CERTIFY that the information provided in this record is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement in this record may be deemed sufficient cause for revocation of my job offer or dismissal after employment. I also certify that I have provided a signed Employment Acceptance Form to Sandia Laboratories Staffing.

\_\_\_\_\_  
**Candidate Signature (In ink)**

\_\_\_\_\_  
**Date**