

## Candidate Medical Examination Record Instructions

Health Benefits & Compensation Employee (HBE) Services  
Sandia National Laboratories, 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.**

Local Applicants (Albuquerque and surrounding area)	<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 “yes.” 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>
Out-of-Town	<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 “yes.” 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>
Applicants working at another location (i.e., not SNL NM)	<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 “yes.” 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>
ALL Applicants completing drug testing and exam at SNL Albuquerque	<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>

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



**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 Job History (most recent first)**

Title of Job	Date Started	Date Terminated	Occupational Exposure

Primary Care Physician: \_\_\_\_\_

<i>Current and Past (2 years) Medical Problems</i>	<i>Medications for each Problem</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6. Do you take any other medications? (Please List) <input type="checkbox"/> NONE	
7. Do you have any <b>ALLERGIES</b> to medications/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? Comment in the space provided below on all "Yes" answers.**

	Yes	No		Yes	No
8. Diabetes Mellitus, blood disease, heart disease, hypertension, arthritis, cancer, or neurologic diseases?			13. Hernia, rupture, or back disc disease?		
9. Problems with your ears, eyes, nosebleeds, or throat trouble?			14. Transferred from one job to another because of health problems?		
10. Shortness of breath, chest pain, history of asthma or lung disease?			15. Weakness in legs, feet, arms, hands, or back pain?		
11. Ulcers, abdomen pain, change in your bowel habits, blood in your stool, or change in the caliber of your bowel movements?			16. Skin diseases, rashes, skin sensitivity, lumps, or changes in a mole?		
12. Urinary problems, blood in your urine, stones, or frequent urinary tract infections?			17. Have you been under the care of a mental health professional (counselor, psychiatrist, psychologist) at any time during the past two years?		

**Social History - Comment in space provided (page 2) on all "Yes" answers**

	Yes	No		Yes	No
18. 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? _____			20. Have you been in treatment for alcohol or substance abuse problems at any time during the past five years?		
19. Have you used any illegal drugs any time within the past two years?			21. Have you ever been hospitalized for a psychiatric condition or substance abuse disorder?		

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**Part I cont.**

**Past Medical Problems, Surgeries, Hospitalizations**

22.

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

	Yes	No		Yes	No
23. Do you have any physical or mental impairment that would affect you in your job?			25. Do you need any accommodations to successfully do your job?		
24. Have you ever suffered any injury that resulted in a physical or mental impairment?					

**Comments Regarding Items Checked "Yes" Above. (If Additional Space is Needed, Use Additional Sheets of Paper)**

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**

**PART II to be completed by SANDIA NATIONAL LABORATORIES MEDICAL PERSONNEL ONLY**

_____ Please Print Name	_____ Phone Number
_____ Signature MD/NP/PA/RN	_____ Date

**SNL MEDICAL DEPARTMENT USE ONLY**

**Tests Needed Based on Medical Examination Record Part 1**

EAP Referral Audio CxR EKG CBC Screen Profile PFT \_\_\_\_\_ \_\_\_\_\_

**Drug Test:**  Positive  Negative  N/A **BH/EAP Approval?**  Yes  No  N/A **EHQ reviewed?**  Yes  No **JPA?**  Pass  Fail  N/A

\_\_\_\_\_  
**Final Medical Approval Signature NP/MD/RN** \_\_\_\_\_  
Date

**Further tests needed upon sign-in:**

Audio CxR EKG CBC Screen Profile PFT \_\_\_\_\_ \_\_\_\_\_ OccMed Referral