

Maine Task Force One
CONFIDENTIAL
Pre-Placement Health Questionnaire

Cover Sheet

Name: _____

Date of Birth: / / _____
(MM/DD/YYYY)

Sex: **Male** **Female**
(Circle One)

Mailing Address: _____
(This address will be used
if Occupational Medicine
needs to send you written
communication.) _____

Telephone: () _____
(This number will be used
if Occupational Medicine
needs to contact you via
telephone.)