



# **South Hampton Police Department**

**Chief Jonathon L. Dennis**

128 Main Avenue  
PO Box 220  
South Hampton, NH 03827

Bus.: 603-394-0105  
Fax: 603-394-7704  
www.sohamptonpd.com  
info@sohamptonpd.com

## **CANDIDATE SCREENING SURVEY (PART TWO – MEDICAL)**

The following Candidate Screening Survey must be completed in full. Please answer each question. Use additional sheets where necessary to complete every section. The New Hampshire Police Standards and Training Rules, under authority of RSA 188-F: 26-28 requires all applicants for the position of Police Officer in the State of New Hampshire to submit to a comprehensive background investigation. This application will answer some of the required information.

### **PERSONAL IDENTIFICATION**

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Number Street* *City* *State* *Zip*

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname(s), maiden or other names by which you may have been known \_\_\_\_\_

### **MEDICAL HISTORY**

List any medical conditions currently existing or that you have been treated for during the past 10 years (heart disease, diabetes, high blood pressure, substance, drug or alcohol abuse, etc.);

Condition: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Treated by: \_\_\_\_\_

Location:

\_\_\_\_\_

Condition: \_\_\_\_\_

Date:

\_\_\_\_\_

Treated by: \_\_\_\_\_

Location:

\_\_\_\_\_

Condition: \_\_\_\_\_

Date: \_\_\_\_\_

Treated by: \_\_\_\_\_

Location: \_\_\_\_\_

Condition: \_\_\_\_\_

Date: \_\_\_\_\_

Treated by: \_\_\_\_\_

Location: \_\_\_\_\_

**SUBSTANCE USE**

Do you consume alcoholic beverages?  Yes  No If so, how many drinks (beer, wine, or liquor) do you consume per week? \_\_\_\_\_.

Have you ever been treated for any alcohol related illness or injury?  Yes  No If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use or have you used any illegal drugs?  Yes  No If so, list and explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used steroids?  Yes  No If so, list and explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever abused any prescription drug?  Yes  No If so, list and explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## **INJURIES**

List any injuries that you may have suffered during the last 10 years that required medical treatment.

Injury \_\_\_\_\_ Date \_\_\_\_\_

Treated by \_\_\_\_\_ Location \_\_\_\_\_

Injury \_\_\_\_\_ Date \_\_\_\_\_

Treated by \_\_\_\_\_ Location \_\_\_\_\_

Injury \_\_\_\_\_ Date \_\_\_\_\_

Treated by \_\_\_\_\_ Location \_\_\_\_\_

Injury \_\_\_\_\_ Date \_\_\_\_\_

Treated by \_\_\_\_\_ Location \_\_\_\_\_

## **AUTHENTICATION**

*I, \_\_\_\_\_, hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications will be grounds for immediate rejection of this application or subsequent termination of employment.*

Date \_\_\_\_\_ Location \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Justice of the Peace/Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

