

Broome County Office of Risk & Insurance Management

Barbara J. Fiala, Broome County Executive • Robert E. Murphy, Risk Manager



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902
(607) 778-2402 • Fax (607) 778-6117 • Website: www.gobroomecounty.com

Prior Health History Questionnaire

In certain situations New York State reimburses Broome County for its Workers' Compensation costs. This system is commonly referred to as "special funds" or "15-8." Since the Broome County plan is funded by local tax dollars, every dollar repaid by the State represents a local tax dollar saved. If Broome County receives this money, it does not change the benefit to which you are entitled.

Please complete the following questions for Special Funds purposes. Use extra sheets if necessary

Employee Name: _____ SSN: _____

1. What part of your body did you injure at work? _____

2. Have you ever had injuries or health problems, work related or not, to the area of your body indicated in question #1?

Yes No If yes, please explain:

If "yes" to #2, were you examined or treated for that injury? Yes No If "yes" please provide:

Provider Name

Address

Date

3. Have you ever filed any other Workers' Compensation claims, in any state, for any injuries or health problems to any area of your body? Yes No If "yes" what state(s) _____ What Body Part(s) _____

The next questions are general questions about your overall health and not just about your injury

4. Do you have a permanent condition or impairment? Yes No (ex: Diabetes, Thyroid, High Blood Pressure, etc)

If "yes" briefly describe _____

5. Have you ever been unable to work due to a health condition or injury? (even if not work related) Yes No

6. Has any health care provider ever told you to avoid certain activities due to an injury or health problem? Yes No

7. Briefly explain "yes" answers in #5 or #6: _____

Signature & Date

Print Name