

MEDICAL INQUIRY

NAME:			
		EXAM #:	LIST #:
l,		, declare that	I have examined the
medical forms which I have o	completed, and that the	e statements contained the	herein are to the best of
my knowledge, true and corr	ect, and that I have no	ot knowingly and/or willfu	lly made any omissions
or a false statement of fac	ct. I also declare th	at subsequent to filling	out these forms and
questionnaires, there has be	een no change in my	medical status except f	for the following: I also
acknowledge that any cha	nge in my medical	status after the NYC/D	OOC medical must be
	AIU medical unit and th	nat failure to do so could	result in termination of
immediately reported to the A			
employment with NYC / DO	C.	IONS HERE (IE NONE WIDIT	
employment with NYC / DO	C.	IONS HERE (IF NONE, WRIT	
I hereby attest that all of the sta pursuant to Section 210 of the F	CHANGE OR OMISS tements herein are true Penal Law.	under the penalty of perjury	e "NONE") y and its related offenses
STATE ANY I hereby attest that all of the sta pursuant to Section 210 of the F	CHANGE OR OMISS tements herein are true Penal Law.	under the penalty of perjury	e "NONE") y and its related offenses List #:
STATE ANY I hereby attest that all of the sta pursuant to Section 210 of the F Name: Position Sought:	CHANGE OR OMISS tements herein are true Penal Law.	under the penalty of perjury Exam #:	y and its related offenses List #:
STATE ANY I hereby attest that all of the sta pursuant to Section 210 of the F	CHANGE OR OMISS tements herein are true Penal Law. Signature:	under the penalty of perjury Exam #:	y and its related offenses List #: