



SECOND INJURY FUND INFORMATION

Per RSA 281-A:54, this will serve as written verification of Employer knowledge of pre-existing injury or medical condition.

Questions and responses shall be documented and dated ONLY after an individual has been hired.

Business Name & Address: _____

Employee Name: _____

Date of Birth: _____ **SS#:** _____

PREVIOUS INJURIES AND LIMITATIONS (including non-work related injuries): _____

DOCTORS/HOSPITALS: _____

PRE-EXISTING MEDICAL CONDITIONS AND LIMITATIONS: _____

DOCTORS/HOSPITALS: _____

PRIOR SURGICAL PROCEDURES: _____

DOCTORS/HOSPITALS: _____

To be kept on file during entire course of employment.

IMPORTANT NOTICE REGARDING GINA

The Genetic Information Nondiscrimination Act (“GINA”) prohibits employers from requesting or requiring the disclosure of **genetic information** of employees or their family members. To comply with this law, _____ ask that you DO NOT PROVIDE any **genetic information**

(EMPLOYER)

when responding to this request for information.

“Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I have read and understand this notice or it has been read to me and I understand its content.

PRINT EMPLOYEE NAME

PRINT EMPLOYER NAME

EMPLOYEE SIGNATURE

EMPLOYER SIGNATURE

DATE*

DATE*

If applicable:

I certify that I have read aloud the above information to _____.
(EMPLOYEE)

PRINT READER’S NAME

SIGNATURE OF READER

DATE

***This form invalid if not dated.**
This information is to be used solely for the purpose of establishing information relevant to RSA 281-A:54