

**WAKULLA COUNTY SCHOOL BOARD  
FINANCE DEPARTMENT  
SUPPLEMENTAL EMPLOYMENT INFORMATION**

**To be completed by all employees and filed with Human Resources Office.**

Chapter 440, Florida Statutes, provides for recovery from the Special Disability Trust Fund where an injury merges with a pre-existing permanent physical impairment to cause a greater disability than would have resulted from the injury alone. However, in order to recover from the Special Disability Trust Fund, it is required that the State have knowledge of this impairment prior to occurrence of the compensable injury. In addition to a general category of impairments, there are certain specific impairments outlined by the above statutes.

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS</b>	<b>YES</b>	<b>NO</b>															
1. Have you ever had a serious illness, injury or operation?																	
2. Have you ever received Worker's Compensation benefits for an injury?																	
3. Do you now have or have you ever had any disability rating, either temporary or permanent, assigned to you by an insurance company or governmental agency either Federal, State, County, or City?																	
4. Have you ever had or do you now have back trouble or complaints?																	
5. Have you ever had: Amputation of foot, leg, arm or hand?																	
Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally?																	
Herniated intervertebral disc?																	
Surgical removal of an intervertebral disc of spinal fusion?																	
Residual disability from poliomyelitis?																	
Psychoneurotic, emotional or nervous disorder?																	
Ankylosis of a major weight-bearing joint?																	
Any permanent physical condition, which constitutes a 20 percent impairment of a member or of the body as a whole?																	
6. Do you now have or have you ever had a physical handicap or disability including the following: <b>If Yes, please mark all that apply.</b>																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Epilepsy</td> <td style="width: 33%;"><input type="checkbox"/> Parkinson's Disease</td> <td style="width: 33%;"><input type="checkbox"/> Cardiac Disease</td> </tr> <tr> <td><input type="checkbox"/> Vascular Disorder</td> <td><input type="checkbox"/> Hemophilia</td> <td><input type="checkbox"/> Mental Retardation</td> </tr> <tr> <td><input type="checkbox"/> Muscular Dystrophy</td> <td><input type="checkbox"/> Thrombophlebitis</td> <td><input type="checkbox"/> Total Deafness</td> </tr> <tr> <td><input type="checkbox"/> Multiple Sclerosis</td> <td><input type="checkbox"/> Hyperinsulinism</td> <td><input type="checkbox"/> Cerebral Palsy</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Chronic Osteomyelitis</td> <td><input type="checkbox"/> Marie-Strumpell Disease</td> </tr> </table>	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Cardiac Disease	<input type="checkbox"/> Vascular Disorder	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> Total Deafness	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Hyperinsulinism	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic Osteomyelitis	<input type="checkbox"/> Marie-Strumpell Disease		
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Explain all YES answers. (Use back of sheet if necessary):

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\_\_\_\_\_

**Printed** Name of Employee \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

School/Department \_\_\_\_\_ Position \_\_\_\_\_

Reviewed by Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature