
LOUISIANA STATE UNIVERSITY
Health Sciences Center - Shreveport
Campus Correspondence

Date:

From: David Fuqua, Director
Human Resource Management

To:

RE: Louisiana Office of Risk Management – Medical Questionnaire E-2 Form

Effective December 1, 2005, all state agencies are required to utilize the attached revised version of the E-2 Medical Questionnaire Form to obtain information regarding pre-existing medical injuries or illnesses from employees and new hires. Please see the attached notice for more details regarding Louisiana Workers' Compensation Law R. S. 23:1208.1.

All employees, with the exception of Gratis, must read the attached notice and complete the E-2 Medical Questionnaire Form. If the employee chooses not to complete the E-2 Medical Questionnaire Form, they will need to print their name, sign and date the enclosed signature sheet. Not completing an E-2 Medical Questionnaire Form may result in the forfeiture of workers' compensation and medical benefits under the Louisiana Workers' compensation statute.

All completed E-2 Medical Questionnaire forms must be delivered to the Human Resource Management Benefits section, Allied Health Bldg., Room 124, **OR** take it to the HRM drop box located on the ground floor of the hospital, K-Wing hallway, outside the Cafeteria near the Pharmacy. Please deliver this form by **January 15, 2006.**

In addition, please return all signature sheets to the Human Resource Management Benefits section, Allied Health Bldg., Room 124, **no later than January 15, 2006.** **The signature sheets will be filed and maintained in Human Resource Management.**

Please note: Departments will be responsible for purchasing additional E-2 Medical Questionnaire Forms from the Print Shop, extension 5040, (7252).

If you need additional assistance regarding the E-2 Form, please browse the Human Resource Management web site at www.sh.lsuhs.edu - (Administration > HRM Home > Benefits > Worker's Compensation > E-2 Medical Questionnaire Form). Thank you.

Enclosures