

**Pine County Jail**  
**STS Eligibility Questionnaire**

1. Do you have any lifting restrictions?  Yes  No  
If yes, number of pounds and frequency? \_\_\_\_\_
  
2. Are you able to climb ladders?  Yes  No  
If no, explain \_\_\_\_\_
  
3. Are you able to bend over repeatedly?  Yes  No  
If no, explain \_\_\_\_\_
  
4. Are you able to stand for long periods of time?  Yes  No  
If no, explain \_\_\_\_\_
  
5. Are you able to reach above shoulders and work overhead for extended periods of time?  
 Yes  No      If no, explain \_\_\_\_\_
  
6. Are you able to perform repetitive motions such as pushing, pulling, etc?  Yes  No  
If no, explain \_\_\_\_\_
  
7. Are you restricted to how many hours a day you can work?  Yes  No  
If yes, explain \_\_\_\_\_
  
8. Are you able to withstand working in adverse weather conditions (extreme cold, head and humidity)?  
 Yes  No      If no, explain \_\_\_\_\_
  
9. Are you allergic to bee stings?  Yes  No      If yes, do you have an epi-pen?  Yes  No
  
10. Do you have asthma or any other breathing problems?  Yes  No  
If yes, explain \_\_\_\_\_
  
11. Are you currently receiving workman's compensations, social security or other disability benefits?  
 Yes  No      If yes, explain \_\_\_\_\_

I the undersigned, have read the above information, understand the questions and have truthfully answered the questions. I understand that this information will be reviewed by Pine County Jail staff and that it may be necessary to contact my physician, case worker/manager for further information or clarification.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date