

CASE/FILE #:

POLYGRAPH DATA SHEET

1. DO YOU HAVE ANY MEDICAL OR MENTAL ISSUES THAT MAKE YOU QUESTION YOUR ABILITY TO SUCCESSFULLY COMPLETE THE POLYGRAPH EXAMINATION TODAY?

2. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES IN THE LAST 24 HOURS?

3. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING :

- A. HEART PROBLEMS [] YES [] NO
B. HIGH BLOOD PRESSURE [] YES [] NO
C. RESPIRATORY OR LUNG PROBLEMS [] YES [] NO
D. RECENT ARM OR LEG INJURY [] YES [] NO
E. RECENT SURGERY [] YES [] NO

4. ARE YOU EXPERIENCING ANY PHYSICAL DISCOMFORT AT THE PRESENT TIME?

IF YES, EXPLAIN _____

5. HAVE YOU EVER PRACTICED YOGA, TRANSCENDENTAL MEDITATION, BIO-FEEDBACK, ETC? [] YES [] NO

6. HAVE YOU EVER SUBMITTED TO A POLYGRAPH EXAMINATION FOR ANY REASON? [] YES [] NO

7. HAVE YOU EVER CONDUCTED RESEARCH ON POLYGRAPH EXAMINATIONS? [] YES [] NO

IF YES, EXPLAIN _____

8. HOW MANY HOURS OF SLEEP HAVE YOU HAD IN THE LAST 24 HOURS? _____

9. WHEN WAS YOUR LAST MEAL? _____

10. IN THE LAST 24 HOURS HAVE YOU EXPERIENCED ANY TRAUMATIC EVENTS?

EXAMINEE IS FIT _____ UNFIT _____ TO TAKE A POLYGRAPH EXAMINATION.