

Employee Health Assessment Survey Form Sample

Use this **employee health assessment survey form sample** to efficiently gather essential health information and improve workplace wellness. The form is designed to be clear and concise, helping employers identify potential health risks. Implementing this survey supports a safer, healthier work environment for all staff members.

Personal Information

Full Name:

Department:

Email Address:

Age:

General Health

How would you rate your current health?

Do you currently have any chronic health conditions? (e.g., diabetes, asthma)

Have you experienced any of the following symptoms in the past 2 weeks?

☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Fatigue ☐ None of the above

Do you currently take any medication?

☐ Yes ☐ No

If yes, please specify:

Lifestyle

Do you smoke?

How often do you exercise per week?

Do you have any concerns or suggestions related to workplace health and safety?

Submit Assessment

