

Medical Declaration Form Sample for Employees

A **medical declaration form** for employees is essential for recording health information vital for workplace safety. This form helps employers monitor the well-being of staff and manage potential health risks effectively. Proper use of this sample ensures compliance with health regulations and promotes a safe working environment.

Employee Information

Full Name:

Employee ID:

Department:

Contact Number:

Email Address:

Medical Information

Do you currently have any medical conditions? (If yes, please specify):

Allergies (medications, food, etc.):

Are you currently taking any medication? If yes, please list:

Do you have any physical/mental disabilities we should be aware of?

COVID-19 Related Information (if applicable)

Have you experienced any of the following symptoms recently?

Symptom	Yes	No
Fever	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>
Loss of taste or smell	<input type="radio"/>	<input type="radio"/>

Any other relevant health information:

☐ I hereby declare that the information provided above is true and complete to the best of my knowledge.

Signature:

Date:

Submit