

Medical Declaration Form for Pre-employment

This **medical declaration form** sample for pre-employment ensures that employers gather essential health information from candidates before hiring. It helps identify any medical conditions that may affect job performance or workplace safety. Completing this form protects both the employee and the organization by promoting a healthy work environment.

Personal Information

Full Name:

Date of Birth:

Email Address:

Phone Number:

Position Applying For:

Medical History

Do you suffer from, or have you ever suffered from, any of the following? (Check all that apply):

| Condition | Yes | No |
|--------------------------------|-----------------------|-----------------------|
| Asthma / Respiratory issues | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| Epilepsy / Seizures | <input type="radio"/> | <input type="radio"/> |
| Heart disease / Blood pressure | <input type="radio"/> | <input type="radio"/> |
| Back or joint problems | <input type="radio"/> | <input type="radio"/> |
| Any allergies | <input type="radio"/> | <input type="radio"/> |

Other medical conditions (please specify):

Medications

Are you currently taking any medications? (If yes, please list):

Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I understand that giving false information may result in disciplinary action or withdrawal of a job offer.

Signature:

Date:

Submit