

Medical Work Consent Form

Occupational Health Evaluation

This **Medical Work Consent Form** ensures that employees understand and provide consent for occupational health assessments that may be required before or during employment.

Employee Information

Full Name:

Date of Birth:

Position/Job Title:

Department:

Purpose of Assessment

The purpose of this assessment is to determine your fitness for the job position and to ensure workplace safety in accordance with occupational health regulations.

Procedures

- Medical history review
- Physical examination
- Necessary laboratory tests (if applicable)
- Additional tests relevant to job requirements

Consent Statement

I, the undersigned, hereby acknowledge that I have been informed of the nature and purpose of the occupational health evaluation. I voluntarily consent to undergo the required assessments as outlined above. I understand that the information collected will be kept confidential and used solely for occupational health purposes.

I consent to the occupational health evaluation as described above.

Employee Signature:

Date:

For Office Use Only

Reviewed By (Occupational Health Professional):

Date Reviewed:

Submit

