

Occupational Health Medical Assessment Form Sample

The **Occupational health medical assessment form sample** is designed to evaluate an employee's fitness for work and identify any health risks associated with their job. This standardized form helps employers ensure workplace safety and compliance with health regulations. It is an essential tool for maintaining employee well-being and preventing occupational illnesses.

Employee Information

Full Name:

Employee ID:

Date of Birth:

Job Title/Position:

Department:

Date of Assessment:

Medical History

Do you have or have you ever had any of the following? (Check all that apply):

☐ Asthma

☐ Diabetes

☐ Heart problems

☐ Epilepsy

☐ Severe Allergies

☐ None of the above

Other conditions or relevant medical history:

Current Medications

Please list any current medications:

Assessment

Assessment Findings:

Employee is fit for work:

Select

Recommendations/Restrictions:

Examiner's Details

Examiner Name:

Signature:

Date:

Submit