Pre-employment Health Assessment Form

The **pre-employment health assessment form** sample is designed to evaluate the medical fitness of candidates before hiring. This form helps employers ensure that potential employees meet the necessary health standards for their roles. It promotes a safe and healthy workplace by identifying any health concerns early.

Personal Information			
Full Name:		Date of Birth:	
Position Applied For:		Gender:	Select ▼
Phone Number:		Email Address:	

Medical History			
Do you have any chronic illnesses? ⚪ Yes ⚪ No		If yes, please specify:	
Are you currently taking any medication? ⚪ Yes ⚪ No		If yes, please list:	
Do you have any allergies? ⚪ Yes ⚪ No		If yes, please specify:	
Have you had any hospitalizations or surgeries in the past 5 years? ⚪ Yes ⚪ No			
If yes, please provide details:			

Physical Assessment (to be completed by Healthcare Provider)			
Height:	cm	Weight:	kg
Blood Pressure:	mmHg	Vision:	
Hearing:			
Other Findings:			

Declaration by Candidate:
I confirm that the information provided above is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

For Official Use Only (Healthcare Provider):
Comments and recommendations...

Medically Fit: ⚪ Yes ⚪ No
Name of Examiner: _____ Signature: _____ Date: _____

[Submit] [Reset]