

# Pre-employment Health Assessment Survey Form Sample

This **pre-employment health assessment survey form sample** helps employers evaluate the health status of potential hires efficiently. It ensures compliance with workplace safety regulations and promotes a healthy work environment. Using this form, employers can identify any medical conditions that might affect job performance.

## Personal Information

Full Name:

Date of Birth:

Position Applied For:

## Medical History

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

- ☐ Asthma
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Allergies
- ☐ None of the above

## Current Health Status

Are you currently taking any medications?

☐ Yes ☐ No

If yes, please specify:

Do you have any physical limitations that may affect your job performance?

☐ Yes ☐ No

If yes, please describe:

## Immunization Status

Have you received the following vaccinations? (Check all that apply)

- ☐ Hepatitis B
- ☐ Tetanus
- ☐ Tuberculosis (TB)
- ☐ Influenza (Flu)

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

Submit