

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.