

Employee Health Assessment Form Sample

The **Employee Health Assessment Form** sample is designed to help organizations efficiently evaluate the health status of their staff. This comprehensive form ensures accurate documentation of medical history, current health conditions, and potential risks. Utilizing this sample promotes workplace safety and supports employee well-being initiatives.

Personal Information

Full Name:

Employee ID:

Department:

Date of Birth:

Medical History

Have you had any of the following conditions?

☐ Diabetes

☐ Hypertension

☐ Asthma

☐ Heart Disease

☐ None

Other conditions (please specify):

Current Health Status

Current Medications:

Known Allergies:

Recent Symptoms or Illnesses:

Lifestyle & Risk Assessment

Do you smoke?

No

Do you consume alcohol?

No

Physical Activity Level:

Sedentary

Declaration

☐ I confirm that the information provided above is accurate and complete.

Date:

Submit Assessment