

Employee Pre-Employment Medical Form Sample

The **employee pre-employment medical form** sample provides a standardized way to assess a candidate's health status before hiring. It ensures compliance with workplace safety standards and identifies any medical conditions that may affect job performance. Utilizing this form helps employers make informed decisions while promoting a safe work environment.

Personal Information

Full Name:

Date of Birth:

Gender:

Select...

Position Applied For:

Medical History

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

☐ Diabetes

☐ Asthma

☐ Hypertension

☐ Heart Disease

☐ None

Allergies (please specify):

Current Medications:

Physical Examination

Height (cm):

Weight (kg):

Blood Pressure:

e.g, 120/80

Declaration

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

Signature:

Type your name

Date:

Submit