

# Employee Pre-Employment Medical Assessment Form

The **employee pre-employment medical assessment form** sample is designed to evaluate a candidate's health status before hiring. It helps employers ensure that prospective employees meet the necessary physical requirements for the job. This form is essential for maintaining workplace safety and compliance with health regulations.

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## Personal Information

Full Name:

Date of Birth:

Position Applied For:

Contact Number:

Address:

## Medical History

Do you currently suffer from or have a history of any of the following:

- ☐ Diabetes
- ☐ Hypertension
- ☐ Asthma
- ☐ Heart Disease
- ☐ Epilepsy
- ☐ None of the above

If other, please specify:

## Lifestyle

Do you smoke?

☐ Yes ☐ No

Do you consume alcohol?

☐ Yes ☐ No

## Current Medication

Are you currently taking any medication?

☐ Yes ☐ No

If yes, please specify:

## Physical Examination (For Medical Personnel Only)

Height (cm):

Weight (kg):

Blood Pressure:

Vision:

Hearing:

## Declaration

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

Signature:

Date: