

Pre-Employment Nurse Evaluation Form

The **pre-employment nurse evaluation form** sample is a vital tool for HR departments to assess the health and fitness of potential nursing candidates. It ensures that candidates meet necessary medical standards and are capable of performing job duties safely. Using this standardized form helps streamline the hiring process while maintaining compliance with healthcare regulations.

Personal Information

Full Name	Date of Birth	
Position Applied For	Date of Evaluation	
Contact Number	Email Address	

Medical History

Have you ever had any of the following?	Yes/No	Comments
Chronic Illness (e.g., diabetes, hypertension)		
Allergies		
Physical Disabilities		
Recent Hospitalizations		
Infectious Diseases		

Physical Examination

Height	Weight	
Blood Pressure	Pulse	
Vision	Hearing	
Respiratory Function		
Musculoskeletal Assessment		

Immunizations & Tests

Required Immunization/Test	Date Completed	Status
Hepatitis B		
MMR (Measles, Mumps, Rubella)		
Tuberculin Test		
Tetanus		
COVID-19		

Physician's Assessment

Summary of findings, recommendations, and fitness for employment:

Date

Physician's Name

Physician's Signature

This form is intended for HR and occupational health use only. All responses will be kept confidential in accordance with applicable privacy laws.