

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.