

Employee Personal Information Form

This **employee personal information form sample** includes sections for detailed personal data and comprehensive medical history, ensuring thorough documentation. It is designed to facilitate efficient record-keeping and support workplace health and safety protocols. Employers can tailor the form to collect relevant health information while maintaining confidentiality.

Personal Information

Full Name

Date of Birth

Address

Email

Phone Number

Emergency Contact (Name & Number)

Employment Details

Position/Job Title

Department

Start Date

Medical History

Have you been hospitalized in the past 5 years?

-- Please select --

If yes, please provide details:

Do you have any allergies?

-- Please select --

If yes, please list:

Are you currently taking any medications?

-- Please select --

If yes, please list:

Please indicate if you have (or have had) any of the following conditions:

- ☐ Asthma
- ☐ Diabetes
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Epilepsy
- ☐ Other

If you checked 'Other', please specify:

Primary Physician Name & Contact (optional)

Declaration

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that this information will be kept confidential and used solely for health and safety purposes.

Signature

Date

Submit