

Pre-Employment Medical History Form Sample

The **pre-employment medical history form sample** is a vital document used by employers to assess the health status of prospective employees. It helps identify any medical conditions or disabilities that may affect job performance or workplace safety. This form ensures compliance with health regulations and supports informed hiring decisions.

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Medical History

Have you ever had or currently have any of the following?

Condition	Yes	No
Heart Disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Epilepsy/Seizures	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>
Hearing/Vision Issues	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="text"/>	

Are you currently taking any medications? Please list:

Do you have any physical disabilities or limitations that may affect your job performance?

Additional Information:

Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I understand that false statements may result in withdrawal of a job offer or termination of employment.

Signature:

Date: