Pre-employment Medical Exam

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____

Address:

Contact number: _____ Email address: _____

Employer: _____ Position applied for: _____

GENERAL HEALTH ASSESSMENT

Height: _____

Remarks:

Weight: _____

Remarks:

Blood pressure: _____

Remarks:

Heart rate: _____

Remarks:

MEDICAL HISTORY REVIEW

Medical history review:

Remarks:

PHYSICAL EXAMINATION

Vision test: _____

Remarks:

Hearing test: _____

Remarks:

Range of motion: _____

Remarks:

Neurological examination: _____

Remarks:

Respiratory examination: _____

Remarks:

LABORATORY TESTS

Complete Blood Count (CBC): _____

Remarks:

Urinalysis: _____

Remarks:

Drug screening: _____

Remarks:

IMMUNIZATIONS

Specify below:

Remarks:

FINAL ASSESSMENT AND RECOMMENDATION

Specify below:

Remarks:

COMPLETED BY

Attending physician: _____

Signature:
Date: _____ dd / mm / yyyy