**Work Physical Form Online**

**Personal Details**

* **Full Name:** (Text Field)
* **Date:** (Date Picker)
* **Position:** (Dropdown Menu)
* **Department:** (Text Field)

**Health Screening**

* **Blood Pressure:** (Text Field)
* **Heart Rate:** (Text Field)
* **BMI:** (Text Field)
* **Vision Test:** (Text Field)

**Certification**

* **Fit for Duty:** (Checkbox) Yes ☐ No ☐
* **Comments:** (Textarea)

**Digital Signatures**

* **Physician's Digital Signature:** (Signature Pad)
* **Date:** (Date Picker)
* **Employee's Digital Signature:** (Signature Pad)
* **Date:** (Date Picker)