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)