horizontal line

**Generic Pre Employment Physical Form PDF**

**Applicant's Personal Details**

* Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job Title Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comprehensive Medical History**

* Have you ever been hospitalized? ☐ Yes ☐ No
* Do you have any ongoing medical conditions? ☐ Yes ☐ No
  + If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medication Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination Summary**

* Body Metrics: Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_
* Eyesight Test: R: \_\_\_\_\_\_ L: \_\_\_\_\_\_ Both: \_\_\_\_\_\_
* Hearing Evaluation: ☐ Clear ☐ Needs Attention
* Blood Pressure: \_\_\_\_\_\_\_\_ Heart Rate: \_\_\_\_\_\_\_\_
* Physical Ability Test: ☐ Fit ☐ Review Required
* Skin and Allergies Check: ☐ No Issues ☐ Attention Needed

**Further Tests and Screening**

* Laboratory Tests: Blood ☐ Urine ☐
* Radiology Screening: X-Ray ☐ MRI ☐ (If Applicable)
* Cardiac Test: ECG ☐ (If Required)

**Health Professional's Feedback:**

**Signature of Health Professional:** \_\_\_\_\_\_\_\_\_\_\_\_\_**\_ Date:** \_\_\_\_\_\_\_\_\_\_

**Declaration by Applicant**

I hereby confirm the truthfulness of my disclosed health information.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_