**Pre Employment Physical Form Online**

**Candidate Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Applied Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History Questionnaire**

* Any previous major illnesses or surgeries? ☐ Yes ☐ No
* List current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Chronic Conditions: ☐ Yes ☐ No
  + Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Exam Online Checklist**

* Basic Measurements: Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_
* Visual Acuity Test: Right: \_\_\_\_\_\_ Left: \_\_\_\_\_\_ Corrected: ☐ Yes ☐ No
* Hearing Screening: ☐ Pass ☐ Refer
* Blood Pressure Measurement: \_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_
* Physical Mobility Test: ☐ Satisfactory ☐ Needs Evaluation
* Respiratory Function Test: ☐ Normal ☐ Abnormal

**Additional Online Assessments**

* Mental Health Screening: ☐ Yes ☐ No
* Substance Abuse Screening: ☐ Completed ☐ Pending
* Remote Ergonomic Assessment: ☐ Yes ☐ No

**Evaluator's Notes:**

**Signature of Evaluator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Applicant Consent**

I declare that the information provided is accurate and complete.

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