Pre Employment Physical Form PDF

**Applicant Information**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History**

* Have you had any significant illnesses or surgeries? ☐ Yes ☐ No
* Do you have any chronic conditions? (e.g., Diabetes, Hypertension) ☐ Yes ☐ No
* List any medications you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination Checklist**

* Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_\_\_
* Vision Test: Right Eye: \_\_\_\_\_\_\_\_ Left Eye: \_\_\_\_\_\_\_\_ Both: \_\_\_\_\_\_\_\_
* Hearing Test: Pass ☐ Fail ☐
* Blood Pressure: \_\_\_\_\_\_\_\_\_\_ Pulse Rate: \_\_\_\_\_\_\_\_\_\_
* Respiratory Rate: \_\_\_\_\_\_\_\_\_\_
* Musculoskeletal Assessment:
  + Range of Motion ☐ Normal ☐ Abnormal
  + Strength ☐ Normal ☐ Abnormal
* Cardiovascular Examination: ☐ Normal ☐ Abnormal
* Neurological Examination: ☐ Normal ☐ Abnormal
* Skin Examination: ☐ Normal ☐ Abnormal

**Additional Tests**

* Blood Test: ☐ Required ☐ Not Required
* Urine Test: ☐ Required ☐ Not Required
* Chest X-ray: ☐ Required ☐ Not Required
* EKG: ☐ Required ☐ Not Required

**Physician's Remarks:**

**Physician's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Applicant's Declaration**

I certify that the information provided is true and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_