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## 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:

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

**Declaration by Applicant**

I hereby confirm the truthfulness of my disclosed health information.

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