
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:** _____