

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:** _____