

Physical Examination Form for Work

1. Employee Information

- Full Name: _____
- Employee ID: _____
- Date of Birth: _____
- Gender: _____
- Department: _____
- Contact Number: _____

2. Medical History

- Past Illnesses: _____
- Current Medications: _____
- Allergies: _____
- Family Medical History: _____

3. Examination Details

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Heart Rate: _____
- Vision Test: _____
- Hearing Test: _____

4. Job-Specific Tests (if applicable)

- Physical Fitness Test: _____
- Respiratory Test: _____

5. Laboratory Tests

- **Blood Test Results:** _____
- **Urine Test Results:** _____
- **X-ray/MRI Results:** _____

6. Doctor's Observations

- **General Appearance:** _____
- **Neurological Examination:** _____
- **Cardiovascular Examination:** _____
- **Respiratory Examination:** _____

7. Conclusion and Recommendations

- **Fitness Status:** _____
- **Recommendations for Further Tests:** _____
- **Doctor's Signature:** _____ **Date:** _____