



Organization Name:	Document No:	HRD/HR/F/81
Pre-Employment Health Check Form	Page No:	Page 1 of 1

Name of the employee	Department
Emp ID/Biometric ID	Designation
Age	Gender
Date and Time of Pre-employment Check	

Clinical History / Any prior ailments (chronic diseases/surgeries/etc):

Physical Examination Findings:

BP	Pulse Rate
CVS	RS
CNS	Other Systems

Key Investigations:

Hb	Blood Group
Relevant Investigations	
Medical Officer comments	
Fit for Duty (Yes/No)	
Comments	
Signature of Medical Officer with stamp	Date & Time

Note: Form to be filled for all new employees before joining duty. Medical Officer should attest for the employee – fitness for duty. The filled form should be kept in HR personal file of the employee for record.

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Director	