

	Organization Name:	Document No:	QUXAT/F/55
	Employee Annual Health Check Form	Page No:	Page 1 of 1

Name of the Employee		Department	
Employee ID/Biometric ID		Designation	
Age		Gender	
Date and Time – Annual Health Check			

Any relevant Clinical History:			
Physical Examination Findings			
BP		Pulse Rate	
CVS		RS	
CNS		Other Systems	

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

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