

	Organization Name:	Document No:	QUXAT.F.81
	Pre-Employment Health Check Form	Page No:	Page 1 of 1

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

Physical Examination Findings			
BP		Pulse Rate	
CVS		RS	
CNS		Other Systems	
Any other relevant findings/observations:			

Investigations			
Hb		Blood Group	
Relevant Blood Investigations			
Details of Vaccination (Hepatitis B, Tetanus, Typhoid & COVID Vaccine)			
Medical Officer comments Fit for Duty (Yes/No)			
Signature of Medical Officer		Date & Time	

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