

	Hospital Name:	Document No:	QUXAT/H/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	

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No:
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:	
Signature:	Signature:	Signature:	Signature:	Issue Date: Issue No:	