

	Hospital Name:	Document No:	QUXAT/H/F/81
	Pre-Employment Health Check Form		Page No:

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	

Investigations			
Hb		Blood Group	
Relevant Investigations			
Medical Officer comments			
Fit for Duty (Yes/No)			
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.

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No: 01
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:	
Signature:	Signature:	Signature:	Signature:	Issue Date: Issue No:	