

Pre-employment Medical Exam

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Contact Number:	
Email Address:	
Employer:	
Position Applied For:	
Medical Exam Results	
General Health Assessment:	
Height:	Remarks:
Weight:	Remarks:
Blood Pressure:	Remarks:
Heart Rate:	Remarks:
Medical History Review:	
Remarks:	
Physical Examination:	
Vision Test:	Remarks:
Hearing Test:	Remarks:
Range of Motion:	Remarks:
Neurological Examination:	
Remarks:	
Respiratory Examination:	
Remarks:	

Laboratory Tests:	
CBC:	Remarks:
Urinalysis:	Remarks:
Drug Screening:	Remarks:
Immunization:	
Remarks:	
Final Assessment and Recommendation:	
Remarks:	
Completed by	
Attending Physician:	
Signature:	
Date:	

Note to Healthcare Professionals:

Please ensure all relevant fields are filled accurately and completely. Document any significant findings, recommendations, or restrictions clearly for the patient's employer's reference. Communicate any urgent concerns or follow-up requirements with the patient promptly.