

# 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:	

<b>Laboratory tests:</b>	
CBC:	Remarks:
Urinalysis:	Remarks:
Drug screening:	Remarks:
<b>Immunization:</b>	
Remarks:	
<b>Final assessment and recommendation:</b>	
Remarks:	
<b>Completed by</b>	
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.