**Employee Health Assessment Form**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Designation:** | Sales Associate | **Department:** | Sales |
| **Date of Birth:** |  | **Gender:** | ☐ Male ☐ Female ☐ Other |
| **Contact Number:** |  | **Date of Assessment:** |  |
| **Assessed By:** | (Doctor/Nurse) | | |

**Section 2: Medical History**

|  |  |  |
| --- | --- | --- |
| **Question** | **Response** | **Notes** |
| Do you have any chronic illness (e.g., diabetes, hypertension)? | ☐ Yes ☐ No |  |
| Are you currently taking any medication? | ☐ Yes ☐ No |  |
| Have you had any surgery in the last 5 years? | ☐ Yes ☐ No |  |
| Do you have any known allergies? | ☐ Yes ☐ No |  |
| Do you smoke or use tobacco products? | ☐ Yes ☐ No |  |
| Do you consume alcohol? | ☐ Yes ☐ No |  |
| Do you exercise regularly? | ☐ Yes ☐ No |  |
| Any family history of major diseases? | ☐ Yes ☐ No |  |

**Section 3: Vital Signs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Reading** | **Normal Range** | **Formula/Check** |
| Height (cm) |  |  |  |
| Weight (kg) |  |  |  |
| **BMI (Body Mass Index)** |  | 18.5 – 24.9 |  |
| Blood Pressure (mmHg) |  | 120/80 |  |
| Heart Rate (bpm) |  | 60–100 |  |
| Body Temperature (°C) |  | 36.1–37.2 |  |
| Vision (L/R) |  | 6/6 |  |
| Hearing | ☐ Normal ☐ Impaired |  |  |

**Section 4: Lifestyle and Well-being**

|  |  |
| --- | --- |
| **Statement** | **Rating (1 = Poor, 5 = Excellent)** |
| Quality of Sleep | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Energy Level During Work | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Diet and Nutrition Habits | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Stress Management | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Physical Activity Level | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Overall Work-Life Balance | ☐1 ☐2 ☐3 ☐4 ☐5 |

**Section 5: Doctor’s/Assessor’s Summary**

| **Parameter** | **Observation / Notes** |
| --- | --- |
| General Health Condition |  |
| Fitness for Work | ☐ Fit ☐ Temporarily Unfit ☐ Unfit |
| Recommended Follow-Up or Tests |  |
| Suggested Wellness Program Participation |  |
| Remarks |  |

**Section 6: Declaration**

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_  
**Assessor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_