**Pre-Employment Medical Examination Form**

**Section 1: Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Date of Birth** |  | **National ID / Passport No.** |  |
| **Gender** | ☐ Male ☐ Female ☐ Other | **Date of Examination** |  |
| **Address** |  | | |
| **Phone** |  | **Email** |  |
| **Position Applied For** |  | **Department** |  |

**Section 2: Medical History (to be filled by applicant)**

☑ Tick **Yes** or **No**, and provide details where applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Details (if Yes)** |
| Do you have any chronic illness (e.g., diabetes, asthma, hypertension)? | ☐ | ☐ |  |
| Have you ever had surgery or been hospitalized? | ☐ | ☐ |  |
| Do you take any regular medication? | ☐ | ☐ |  |
| Do you have allergies (food, drugs, environmental)? | ☐ | ☐ |  |
| Do you smoke or use tobacco products? | ☐ | ☐ |  |
| Do you consume alcohol? | ☐ | ☐ |  |
| Do you have any physical disabilities? | ☐ | ☐ |  |
| Have you ever suffered from a work-related injury? | ☐ | ☐ |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3: Physical Examination (to be completed by Medical Officer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Measurement / Observation** | **Normal Range** | **Remarks** |
| **Height (cm)** |  |  |  |
| **Weight (kg)** |  |  |  |
| **BMI** | **=C2/(C3^2)** *(Excel formula example for auto-calculation)* | 18.5–24.9 |  |
| **Blood Pressure (mmHg)** |  | 120/80 |  |
| **Pulse Rate (bpm)** |  | 60–100 |  |
| **Vision (Right / Left)** |  |  |  |
| **Hearing** | ☐ Normal ☐ Impaired |  |  |
| **Respiratory System** | ☐ Normal ☐ Abnormal |  |  |
| **Cardiovascular System** | ☐ Normal ☐ Abnormal |  |  |
| **Musculoskeletal System** | ☐ Normal ☐ Abnormal |  |  |
| **Nervous System** | ☐ Normal ☐ Abnormal |  |  |
| **Skin Condition** | ☐ Normal ☐ Abnormal |  |  |

**Section 4: Laboratory Tests**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Result** | **Normal Range** | **Remarks** |
| Complete Blood Count (CBC) |  | — | — |
| Urinalysis |  | — | — |
| Blood Sugar (Fasting) |  | 70–100 mg/dL | — |
| Chest X-ray | ☐ Normal ☐ Abnormal | — | — |
| ECG (if applicable) | ☐ Normal ☐ Abnormal | — | — |
| Other Tests (Specify): | \_\_\_\_\_\_\_\_\_\_ | — | — |

**Section 5: Doctor’s Assessment and Declaration**

|  |  |
| --- | --- |
| **Field** | **Details** |
| Overall Health Status | ☐ Fit ☐ Temporarily Unfit ☐ Permanently Unfit |
| Remarks / Recommendations |  |
| Doctor’s Name |  |
| Signature |  |
| Date |  |
| Clinic / Hospital Name |  |
| Stamp |  |

**Section 6: Applicant’s Declaration**

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may result in the withdrawal of my employment offer.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_