

# **SYMPHONY SOFTTECH LTD.**

## **EMPLOYEE HEALTH CHECK-UP FORM**

<b>Date:</b>								
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<b>Name of the Employee</b>	Al Rakib	<b>Date of Joining</b>	06/11/2023
<b>Department</b>	Development	<b>Designation</b>	Software Developer
<b>Age</b>	29	<b>Sex</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

### **General Physical Details**

<b>Particulars</b>	<b>Details</b>	<b>Particulars</b>	<b>Details</b>
Height (In feet)	5.10	Eye Sight	Good
Weight (In KG)	59	Smoker (Yes/No)	Yes
Blood Group	O+		

### **Health Details**

<b>Particulars</b>	<b>If Yes, Details</b>
1. Currently suffering from any illness? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
2. Currently going through any medication? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
3. Have Allergies? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
4. Currently/ previously faced chest pain problems? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
5. Have neck pain or swelling joints related complications? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
6. Currently/ previously faced back pain problems? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
7. Have any cardiovascular disease related complications? [Heart related] <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
8. Have Respiratory disease related complications? (Asthma/Bronchitis/Pneumonia/pleurisy) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
9. Have gastrointestine related complication <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO

10. Have skin discoloration or rashes on skin <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO
11. Have any ear/ nose/ throat/ dental complications? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	NO

### Medical History

SL.	Details	Tentative Date
Illness history in the past 6 months?		
1.	Cold and fever	03/03/2024
2.	Cold and fever	14/01/2024
3.		
Any major Illness in over a year or more		
1.		
2.		
3.		

### Regular Healthcare Activities

Particulars	Details		
Daily food consumption	<input type="checkbox"/> Enough	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Not enough
Physical activity level	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Moderately Active	<input type="checkbox"/> Inactive
Daily sleep amount	<input type="checkbox"/> 7+ hours	<input checked="" type="checkbox"/> 5-7 hours	<input type="checkbox"/> 3-5 hours

Submitted By  
Name: Al Rakib

Checked By  
Admin