



# Mama Lucy Kibaki Hospital

## Health Report Card

Employee Name: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Condition	Prevalence	Average Productivity Loss	Aggregate Annual Loss
Migrane			
Arthritis			
Chronic lower back pain			
Allergies / Sinus			
Asthma			
Acid Reflux			
Skin Condition			
Influenza			
Depression / Anxiety			

Approved By \_\_\_\_\_

Signed By \_\_\_\_\_

Date \_\_\_\_\_