

	Organization Name:	Document No:	QUXAT/HR/F/81
	Pre-Employment Health Check Form	Page No:	Page 1 of 1

Name of the employee		Department	
Emp ID/Biometric ID		Designation	
Age		Gender	
Date and Time of Pre-employment Check			

Clinical History / Any prior ailments (chronic diseases/surgeries/etc):

Physical Examination Findings:

BP		Pulse Rate	
CVS		RS	
CNS		Other Systems	

Investigations			
Hb		Blood Group	
Relevant Investigations			
Medical Officer comments			
Fit for Duty (Yes/No)			
Comments			
Signature of Medical Officer with stamp		Date & Time	

Note: Form to be filled for all new employees before joining duty. Medical Officer should attest for the employee – fitness for duty. The filled form should be kept in HR personal file of the employee for record.

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Managing Director	