Q3 technologies
Building Quality Software

New EmployeeMedical History Form

Objective: This formgives information related to health condition of new joiners.

Personal Details	
Male/Female (Tick) ✓ • Surname (Block letters): KHANNA • Initial Name (First & Middle): U D I T • Spouse Name (if applicable) N/A • Details of children (if applicable) N/A • Son/Daughter: N/A • Date of marriage(if applicable): N/A	• Home address: H-356, Ist floor, Nehru Nagar III, Ghaziabad, 201001 • Home Tel: — • Mobile: 9821909040 • Emergency contact no. 8800974459 • Email: Udit Khanna 112@gmail.com

It is important that you give a true and full account of any medical problems when asked. *If the answer to any of the following questions is "Yes" please give details*

Medical History Details:

Health Questions	Yes	No	If Yes give details with dates here
Do you have any illness, impairment, disability (physical or psychological) which may affect your work?		✓	
Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?		✓	*(Please also give details if a considerable amount of tim was taken off work / school (i.e. longer than 3 months).*
Are you currently pregnant? There may be certain recommendations that apply for women less than 28 weeks pregnant. (for female married employees only)		✓	
Are you having or waiting for treatment (including medication) or investigations at present?		✓	
Have you undergone any Preventive Health check-up recently?		✓	*(Please provide report of the recently conducted one)*
Do you need any specific aids or adaptations to assist you at work whether or not you have a disability, including any hearing or visual aids?		✓	

Coronavirus Response

Questions	Yes	No	If yes give details with dates
In the past 14 days, have you had, or do you currently have, any of the following symptoms?		✓	
• Fever		✓	
• Cough		✓	
• Difficulty or heaviness in breathing		✓	
• Sore throat		✓	
• Shortness of breath		✓	
In the last 28 days, have you or any of your immediate family member tested positive for COVID-19?		✓	
Are you vaccinated with both the doses?	✓		If No, pls. give more details

Declaration

I ..... Udit Khanna ..... hereby confirm that the information provided herewith is true to the best of my knowledge and accept that providing false information is a violation of the terms & conditions or policies of the organization and could result in appropriate disciplinary action.

Signature:..... UditKhanna .....