

PRE - EMPLOYMENT MEDICAL ASSESSMENT

Personal Details

Surname	Forenames	M / F
DOB	NI / clock No.	Proposed occupation
Business	Location	
Fitness Standard		

Result of Assessment

Type of assessment <input type="checkbox"/> Review of health questionnaire only <input type="checkbox"/> Nurse based examination with referral to Doctor as required <input type="checkbox"/> Nurse and Doctor based examination		
Opinion <input type="checkbox"/> Fit for proposed occupation. <input type="checkbox"/> May be fit, subject to adjustments and/or workplace assessment. Please discuss with occupational health adviser. <input type="checkbox"/> Unfit for proposed occupation.		
Regular health assessments commenced	Next assessment due	
1. <input type="checkbox"/>		
2. <input type="checkbox"/>		
3. <input type="checkbox"/>		
4. <input type="checkbox"/>		
5. <input type="checkbox"/>		
Comments		
Assessed by		
Nurse:	Signed	Date
Doctor:	Signed	Date

PLEASE UPDATE YOUR RECORDS