



## EMPLOYEE'S HEALTH EXAMINATION RECORD

***Employee completes this section***

Name					
Address					
Occupation					
Date of Birth					
Gender		Height		Weight	

***Physician completes this section***

1. Did you perform a physical examination of the individual? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the individual physically fit to perform the duties to be assigned, as set forth in the attached job description? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is the individual free from communicable disease? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that I have performed a physical examination on \_\_\_\_\_  
[Name of Employee]  
and find him/her fit for employment in the position for which he/she has been employed.

Signature of Physician

M.D.

Date