

Medical Report for Occupational Health Assessment

Employee Details

Full Name:

Date of Birth:

Gender:

Employee ID:

Position/Job Title:

Department:

Assessment Details

Date of Assessment:

Purpose of Assessment:

Job Description / Tasks:

Medical History

Relevant Medical History:

Examination Findings

General Appearance:

Vital Signs:

Other Relevant Findings:

Assessment & Recommendations

Fit for Work:

Restrictions / Accommodations:

Additional Recommendations:

Examiner's Details

Name:

Position:

Signature:

Date: