

Employee Periodic Health Surveillance Record

A. Employee Information

Employee Name		Employee ID / No.	
Department / Unit		Job Title	
Date of Birth		Gender	

B. Surveillance Details

Date of Examination	Type of Surveillance	<input type="checkbox"/> Pre-placement <input type="checkbox"/> Periodic <input type="checkbox"/> Exit
Exposed Hazards / Agents		
Years of Exposure	Use of PPE	

C. Examination Findings

Vital Signs	BP: _____ mmHg, Pulse: _____ bpm, Temp: _____ °C
Physical Examination	
Relevant Medical History	
Investigation / Test Results	

D. Fitness For Work

Assessment	<input type="checkbox"/> Fit <input type="checkbox"/> Fit with Restriction <input type="checkbox"/> Unfit
Remarks / Recommendations	

Examined By

Signature & Name

Date: _____

Employee Acknowledgement

Signature & Name

Date: _____