

		Medical Form		
Issue 2	Feb 2019		Pages	1 of 1

Name:			
DOB:		Staff Number:	
Job Title:		N I Number:	
Date of Assessment:			

The above listed employee has undergone Occupational Health Screening Assessment to determine fitness for work, assessed to CBH standards.

Test	Pass	Fail	Test	Pass	Fail
Colour Vision			Vision Acuity		
Blood Pressure			Peripheral Vision		
Lung Function			Muscular Skeletal Check		
Cardiovascular Check			Mental Health Assessment		
Medical Questionnaire			BMI		
Working at Heights			Urinalysis		

Prescribed Drugs/ Current Medication	
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Fit	Fit with Recommendations	Unfit
Recommendations		

Name of Health Advisor	
Signature	
Date	
Stamp	