**Pre Employment Medical Questionnaire Template**

Name\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_

(This section shows the personal and contact details of the person.)

**Questionnaire**

(It is the main part of template for questions.)

1. Are you presently taking any medical treatment for any health problem?
2. Option 1.
3. Option 2.
4. Do you have any color blindness/eyesight related problem?
5. Option 1.
6. Option 2.
7. Option 3.
8. Have you been consider unfit in past for any job?
9. Option 1.
10. Option 2.
11. In last 6 months, how many times you had been sick and took leave from work?
12. Option 1.
13. Option 2.
14. Option 3.