

Pre-Employment Physical Fitness Report

Candidate Information

Full Name: _____

Date of Birth: _____

Position Applied For: _____

Date of Examination: _____

Vital Signs

Measurement	Result	Reference
Height		cm
Weight		kg
Blood Pressure		mmHg
Pulse Rate		bpm

Physical Fitness Assessment

Test	Result	Remarks
Cardiovascular Endurance		
Muscular Strength		
Muscular Endurance		
Flexibility		
Body Composition		

General Medical Remarks

Observations: _____

Fitness for Duty

Medically Fit: _____

Medically Unfit: _____

Conditional Fit (with remarks): _____

Physician Name: _____

Signature: _____

Date: _____

