# Occupational Health Assessment

**Purpose:** This document serves as an evaluation form for employers and occupational health professionals to assess an individual’s fitness to perform work-related duties. It supports monitoring of health status and identifying any workplace adaptations or restrictions needed for safe employment.

## Employee Information

**Name:** {name}

**Date of Birth:** {dateOfBirth}

**Job Title:** {jobTitle}

**Department:** {department}

**Assessment Date:** {assessmentDate}

## Assessment Type

{assessmentType}

## Medical History Summary

{medicalHistory}

## Physical Examination Findings

|  |  |
| --- | --- |
| **Body System** | **Findings** |
| {#examinations}{bodySystem} | {findings}{/examinations} |

## Mental Health and Cognitive Function

{mentalAssessment}

## Workplace Risk Factors

{#riskFactors}

* {riskDescription}

{/riskFactors}

## Accommodation and Restrictions

{#hasAccommodation}

* {accommodation}

{/hasAccommodation}

{^hasAccommodation}*No accommodations or restrictions required at this time.*{/hasAccommodation}

## Assessment Conclusion

**Fit for Work:** {fitForWork}

**Comments:** {assessmentConclusion}

## Assessor Information

**Assessor Name:** {assessorName}

**Qualification:** {assessorQualification}

**Signature:** {assessorSignature}

**Date:** {signatureDate}