Supported by:

INDIVIDUAL / EMPLOYEE HEALTH QUESTIONNAIRE

Each employee is evaluated in the following categories

A. PERSONAL INFORMATION

Employee ID: ____________________ Name: ____________________

Age: ____________________ Gender: ____________________

Company Name: ____________________ Department: ____________________

Designation: ____________________ Descent: ____________________

Mobile: ____________________ Email: ____________________

B. PHYSICAL TESTS

Height: ____________________ Weight: ____________________

Pulse: ____________________ beats/min Waist : ____________________

Breath Retention: ______________ sec OR Peak Flow : ____________________

C. MEDICAL TESTS

Parents / Grand Parents had BP/Sugar/Cardiac Problem: ☐ Yes ☐ No

Reason: ____

Blood Pressure: __________/ __________ mm of Hg

Blood Sugar: Fasting: __________ mg/dl OR Random:__________ mg/dl

Current Medication: ☐ Yes ☐ No

Reason: ____

VISION ACUITY		Without Glasses		With Glasses	
		Normal	Further Testing	Normal	Further Testing
Distance	Right Eye				
	Left Eye				
Near	Right Eye				
	Left Eye				

Color Vision : Right Eye ☐ Normal ☐ Further Testing Required

Left Eye ☐ Normal ☐ Further Testing Required

Hearing & Audiometry :

Right Ear ☐ Normal ☐ Further Testing Required

Left Ear ☐ Normal ☐ Further Testing Required

D. LIFESTYLE

	Yes	No
1. Daily intake of fruits or vegetables	☐	☐
2. Milk / Curd or Eggs at least 2 – 3 times a week	☐	☐
3. 6- 8 glasses of water Daily	☐	☐
4. Frequent intake of sweets, aerated drinks, fast foods 2 – 3 times a week	☐	☐
5. Daily exercise for 30 minutes or more (including walking)	☐	☐
6. Toe touch	☐	☐
7. Push up / Sit up (10 if below 40 years; 5 for others)	☐	☐
8. Job Satisfaction (salary, working condition, etc.)	☐	☐
9. Good home situation (parents, spouse, children)	☐	☐
10. Major Problems (work, home, financial, health, etc.)	☐	☐
11. Sufficient Sleep	☐	☐
12. Alcohol Consumption (daily / weekly in excess)	☐	☐
13. Smoking (daily)	☐	☐
14. Oral Tobacco (daily)	☐	☐
15. Safety Consciousness (Automobile, work, home, etc.)	☐	☐
16. Organization provide Insurance / Hospitalization	☐	☐
17. Organization provide Annual Health Screening	☐	☐
18. Organization provide Healthy Canteen	☐	☐
19. Organization provide Sports Facility	☐	☐
20. Organization provide Health Education	☐	☐

Services provided by:

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