



AGS Recruitment Ltd MEDICAL EVALUATION

Name :

Location of Work:

Hours per week :

This evaluation questionnaire has been prepared to assist management to identify potential medical problems of individuals who are engaged on work for AGS Limited. There are no absolute standards by which to judge the fitness of individuals and therefore, where matters of concern are identified, these will be discussed with Management and, where necessary, the advice of a medical advisor will be obtained.

This evaluation form must be completed by Management for each individual prior to being engaged.

COMPLAINT	YES / NO	DETAILS
High blood pressure		
Circulation disorder		
Visual defects		
Eye surgery		
Angina		
Heart attack		
Heart surgery		
Stroke		
Any other heart condition		
Hearing Problems		
Epilepsy		
Diabetes		
Serious head injury		
Co-ordination problems		
Any other problems (specify)		

COMMENTS :

For office use only

RECOMMENDATION :

Reviewed by : **Job title :**

Signed : **Date :**