



FITNESS FOR EMPLOYMENT MEDICAL ASSESSMENT

(To be completed by a licensed Medical Practitioner)

Section 1: Worker Information

Full Name:	Date of Birth:
Passport Number:	
Position/Job Title:	Agricultural Worker (Heavy Labor)
Recruitment Agency:	Work Abroad Network

Section 2: Medical History (to be completed by GP)

Please indicate if the worker currently has, or has a history of, any of the following conditions:

Condition	Yes/No	Comments
Heart disease, high blood pressure, or circulatory disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory conditions (asthma, TB, COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes or other endocrine disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy, seizures, fainting spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Back injuries, joint issues, arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual or hearing impairments not corrected by glasses/hearing aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychiatric conditions (depression, anxiety, bipolar disorder, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies (medications, insect bites, chemicals)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance or alcohol dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Past surgeries or hospitalizations (last 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any chronic illnesses not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If "Yes" to any, please provide details:

(Large empty box for notes)

Section 3: Physical Examination

Height	cm	Weight	kg
Blood Pressure	mmHg	Pulse	bpm
General Appearance:	<input type="checkbox"/> Fit <input type="checkbox"/> Not Fit	Vision:	<input type="checkbox"/> Normal <input type="checkbox"/> Corrected <input type="checkbox"/> Impaired
Hearing:	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	Respiratory:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Cardiovascular:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Neurological:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Musculoskeletal:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Skin (for infectious conditions):	<input type="checkbox"/> Clear <input type="checkbox"/> Concerns

Section 4: Mental & Emotional Fitness

Remote agricultural work can involve:

- Living in isolated rural environments for extended periods
- Limited social contact outside of the work crew
- Long working hours in challenging conditions

In your professional opinion, does the worker:

- Show no signs of untreated mental illness that would affect job performance?
- Appear emotionally stable to handle isolation and remote work?
- Require ongoing mental health treatment or monitoring? (If yes, please explain):

Would you consider the worker:

- MENTALLY FIT for remote agricultural employment
- MENTALLY FIT WITH SUPPORT NEEDS (please specify):
- NOT MENTALLY FIT for remote agricultural employment

Section 5: Fitness for Hard Agricultural Labor

The nature of work may include:

- Long hours in hot or cold environments
- Heavy lifting, bending, stooping, repetitive tasks
- Operation of farm machinery
- Exposure to dust, pollen, and farm chemicals

In your professional opinion, is the worker:

- FIT for all required duties without restriction
- FIT WITH RESTRICTIONS (please specify):
- NOT FIT for agricultural labor

Section 6: Physician Certification

I certify that I have examined the above-named individual and provided an honest assessment of their physical and mental fitness for employment involving heavy agricultural work in the United States.

Physician Name:

Practice Name & Address:

Telephone:

Email:

Medical Council Registration #:

Signature
& Stamp:

Date: