### **Employee Medical File Checklist**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Employee ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Health & Fitness Documentation**

| **Document** | **Required** | **Received** | **Notes** |
| --- | --- | --- | --- |
| Medical Fitness Certificate | Yes | ❑ |  |
| Vaccination Records | Yes | ❑ |  |
| Health Insurance Enrollment | Yes | ❑ |  |

#### **Medical & Emergency Information**

| **Document** | **Required** | **Received** | **Notes** |
| --- | --- | --- | --- |
| Emergency Contact Information | Yes | ❑ |  |
| Work Restrictions (if any) | Optional | ❑ |  |

#### **Confidentiality Compliance**

| **Document** | **Required** | **Received** | **Notes** |
| --- | --- | --- | --- |
| HIPAA Compliance Acknowledgment | Yes | ❑ |  |
| Signed Confidentiality Agreement | Yes | ❑ |  |