

Employee Medical File Checklist

Employee Name: _____

Employee ID: _____

Position: _____

Department: _____

Date of Hire: _____

Health & Fitness Documentation

Document	Required	Received	Notes
Medical Fitness Certificate	Yes	<input type="checkbox"/>	
Vaccination Records	Yes	<input type="checkbox"/>	
Health Insurance Enrollment	Yes	<input type="checkbox"/>	

Medical & Emergency Information

Document	Required	Received	Notes
Emergency Contact Information	Yes	<input type="checkbox"/>	
Work Restrictions (if any)	Optional	<input type="checkbox"/>	

Confidentiality Compliance

Document	Required	Received	Notes
HIPAA Compliance Acknowledgment	Yes	<input type="checkbox"/>	
Signed Confidentiality Agreement	Yes	<input type="checkbox"/>	