

# Health Monitoring Action Plan

## Worker Details

Worker Name\*: \_\_\_\_\_

Employee ID\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Assessment Detail

Assessment Date\*: \_\_\_\_\_

Health Concern / Hazard: \_\_\_\_\_ > Options: Noise, Hazardous Chemicals, Manual Handling, Respiratory, Other

Assessment Method: \_\_\_\_\_

Health Monitoring Required

Pre-employment Monitoring Type: (Fill only if applicable)

## Action Plan

Action Items:

Action Item	Responsible Person	Due Date	Status

Options for 'Status': Not Started, In Progress, Completed

## Follow-Up Review

Review Date: \_\_\_\_\_

Review Comments: \_\_\_\_\_

Overall Status\*: \_\_\_\_\_ > Options: Open, Closed