Name:
Gender:
DOB:
Address:

Company:

Appointment code:

Total Health Solutions REDIMED

Medical Assessment

☐ Pre-employment ☐ Periodical

SECTION 1: Cardiovascular System

Height: cm		Weight: kgs	BMI:	WHR:
Waist: cm		Hip: cm	BMI Classification:	WHR Classification:
Blood Pressure	mmHg	Normal ☐ Abnormal ☐	☐ Underweight (<18.5)	☐ Low Risk (Male<0.85, Female< 0.75)
Resting Heart rate	bpm	Normal ☐ Abnormal ☐	☐ Normal (18.5-24.9)	☐ Medium Risk (Male 0.85-0.95, Female 0.75-0.85)
Heart Sounds		Normal ☐ Abnormal ☐	☐ Overweight (25.0-29.9)	☐ High Risk (Male>0.95, Female>0.85)
Peripheral Vessels		Normal ☐ Abnormal ☐	☐ Obese (>30)	
Veins & other Vessels		Normal ☐ Abnormal ☐		

Examiner Comments

SECTION 2: Visual Acuity

Candidate should be tested wearing visual aids if routinely worn

	Right	Right corrected	Left	Left Corrected
Distance Vision	6/	6/	6/	6/
Near Vision	N/	N/	N/	N/
Colour Vision (Ishihara Test)	Normal ☐ Abnormal ☐ Score: /17			
Peripheral Vision	Normal ☐ Abnormal ☐			
Visual Aids to be worn at work?	Yes ☐ No ☐			

Examiner Comments

SECTION 3: Urinalysis

Protein	☐ Nil	☐ Trace	☐ +	☐ ++	☐ +++	Blood Sugar Level
Glucose	☐ Nil	☐ Trace	☐ +	☐ ++	☐ +++	
Blood	☐ Nil	☐ Trace	☐ +	☐ ++	☐ +++	mmol/L

Examiner Comments

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Total Health Solutions REDIMED

Medical Assessment

SECTION 4: Respiratory System	
Spirometry (see attached)	Normal ☐ Abnormal ☐
Symmetrical Chest expansion	Normal ☐ Abnormal ☐
Auscultation	Normal ☐ Abnormal ☐
SECTION 5: Ear, Nose, Throat & Mouth	
Ears	Normal ☐ Abnormal ☐
Hearing (Refer to Audiogram)	Normal ☐ Abnormal ☐
Nose	Normal ☐ Abnormal ☐
Throat	Normal ☐ Abnormal ☐
Teeth and gums	Normal ☐ Abnormal ☐
SECTION 6: Skin	
Evidence of Skin Disorders (Eczema/dermatitis/ sun damage / other)	Yes ☐ No ☐
Evidence of drug/alcohol abuse	Yes ☐ No ☐
Evidence of nail biting	Yes ☐ No ☐
Evidence of Scars (Surgical or other)	Yes ☐ No ☐
SECTION 7: Gastrointestinal & Urinary System	
Abdomen	Normal ☐ Abnormal ☐
Hernial Orifices	Normal ☐ Abnormal ☐
Liver	Normal ☐ Abnormal ☐
Spleen	Normal ☐ Abnormal ☐
Kidneys	Normal ☐ Abnormal ☐
SECTION 8: Nervous System	
Balance & reflexes	Normal ☐ Abnormal ☐
Coordination	Normal ☐ Abnormal ☐
SECTION 9: Glandular	
Lymph glands	Normal ☐ Abnormal ☐
Thyroid	Normal ☐ Abnormal ☐
Examiner Comments	

Name: Gender: DOB: Address: Company: Appointment code:

Total Health Solutions REDIMED

Medical Assessment

SECTION 10: Cardiovascular Risk Assessment

AGE:	

Risk Factor Checklist	**Risk Stratification**	
☐ Hypertension (>150/95 mmHg) ☐ Current Smoker ☐ Known High Cholesterol ☐ Sedentary Lifestyle ☐ Family History of Heart Disease ☐ History of Heart Disease ☐ WHR >0.80 (Women) >0.90 (Men) AND Obesity (BMI ≥ 30)	☐ **LOW**	≤ 1 risk factors
	☐ **MEDIUM**	≥ 2 risk factors
	☐ **HIGH**	Diagnosed cardiac, pulmonary or metabolic disease **OR** ≥ 1 sign or symptom of Coronary Artery Disease*

GP Clearance to complete exercise testing (if required)	Yes ☐ No ☐

*Signs and symptoms include: pain or discomfort(or angina equivalent) in the chest, neck, jaw, arms, or other areas that may result from ischemia; dizziness or syncope; shortness of breath at rest or with exertion; ankle edema; palpitations or tachycardia; intermittent claudication; known heart mummer; unusual fatigue or shortness of breath with usual activities; orthopnoea or paroxysmal nocturnal dyspnoea.

Doctor's Name		**Signature**	
Date		**Location**	