**Medical Surveillance Form**

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| **Tests Completed** | **Tick** |
| Spirometry |  |
| Audiometry |  |
| Vision |  |
| Physical |  |

Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee/Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCOPE:**

The purpose of the document is for medical evaluation and determination of the Occupational Exposure Profile (OREP) of all applicants, learners, bursars, fixed contractors, and labour brokers in accordance with the Occupational health and Safety Act No 85 of 1993.

**OBJECTIVES:**

* To evaluate and ensure the physical and psychological capacity of an employment applicant, learner, contractor and employee to work efficiently in their occupation.
* The promotion and monitoring of the health and safety of employees through the early detection of disease
* To ensure the safe performance of duties and execution of work processes through collaboration with Safety Risk Management in timeous detection of risks to safety and health
* To comply with statutory requirements
* To establish a baseline of the employee’s health and to monitor health deviations throughout their work life
* To determine and Pre-existing medical condition(s) (as non-disclosure shall affect your Pensions Fund Provident Fund benefits if you are medically boarded for such condition(s) within 5 years of employment)

MEDICAL EXAMINERS:

* All pre-placement and periodic medical examinations are to be conducted by an Occupational Health Practitioner
* Practitioner may be used for pre-placement and periodic medical examinations, however such medical examinations may be endorsed by an Occupational Health Practitioner prior to the appointment of the applicant.
* All re-placement and periodic placement medical examinations of pilots shall be conducted by an appointed Medical Aviation Examiner registered with the Department of Civil Aviation
* All pre-placement and periodic medical examinations of licensed nuclear operators and radiations workers, shall be conducted by an appointed Medical Examiner approved by the Council for Nuclear safety

**INSTRUCTIONS:**

* The assessment of medical fitness is the responsibility of the Occupational Health Practitioner
* Medical fitness shall be determined after an appropriate medical evaluation, knowledge of the content and health risks of the occupation as specified within the Man job specification
* An OREP of each examinee shall be compiled at pre-placement, transfer and at periodic medical evaluations if the job outputs change
* The OREP of an employee shall determine the frequency and scope of the medical examination
* The pre-placement and periodic medical examination form with attached special investigation reports and the OREP of an employee are medico-legal documents which shall be retained and kept in our records for 30 years from the copies of medical reports shall only be released to employees upon written request

**Declaration**

**Declaration by the applicant (initials your understanding and acceptance of each paragraph)**

**Initials**

1. I hereby declare and warrant that to the best of my knowledge and I believe the above statements are true and correct and complete in every respect and I acknowledge that any misrepresentation or concealment of any information on my part renders me liable immediate dismissal from my Employer’s service
2. I acknowledge and understand that my duty to disclose all relevant information includes not only responses to the questions contained in this document, but the disclosure of all and any information pertaining to my existing /previous medical or clinical history, to enable my employer to access my ability to perform the inherent requirement of the job
3. I hereby authorise my Employer in rem suam and irrevocably to obtain any information that my Employer in its sole discretion might consider necessary in respect of my health from any person who has such information available and I do hereby indemnify anybody who, act at the request of my Employer to supply information against any legal action whatsoever as a result of them supplying the information. I undertake to sign the necessary consents in this regard if required to do so. I further agree that should I refuse to sign such consent, that my application with my Employer will no longer be considered. I further indemnify my Employer against any legal action, should it as a result of my refusal, no longer consider my participation
4. I agree that all special medical investigations, including blood tests, deemed necessary by specific workplace circumstances maybe undertaken. I agree, that if employed, to undergo periodic medical examinations and tests as prescribed in my Employer’s policies/directions and standards on Occupational Health. I further acknowledge that should I refuse a medical examination, disciplinary action may be taken
5. I hereby indemnify my Employer’s Occupational Health Practitioners, and any Health Practitioner designated by my Employer for medical examination purposes, against any claims flowing forth from any such medical examinations, reports and recommendations and the consequences thereof
6. I hereby acknowledge that I will not be entitled to apply for early retirement on the basis of ill health in the event of pre-existing health condition which has resulted in my ability to coincide to continue working for my Employer in the first 5 years of my employment.

**NB: This medical examination is not intended to substitute for a comprehensive examination by the applicant’s personal doctor and is not intended to establish a doctor/patient relationship**

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**Signature of Applicant Signature of Medical Examiner**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (DD-MM-CCYY) Date (DD-MM-CCYY)**

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| **Pre-placemen/Periodic/Exit/Return to work/transfer Medical Examination** | **Date: ………………….** |
|  | |
| 1. **Personal Details** | |

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| 1. **Full Names, Incl. Surname** | | 1. **Telephone Numbers**   **…………………………………...(H)**  **…………………………….……..(W)**  **……………………….…………..(C)** | | 1. **FREQUENCY CATEGORY BASED IB OREP** | | | | | | |
| **A** | **B** | | **C** | | | **D** |
| 1. **Home Address**   ………………………………………………………  ………………………………………………………  ………………………………………………………  Postal Code…………………………………… | | 1. **Occupation** | | 1. **Business Unit** | | 1. **Section** | | |
| 1. **Date of birth**   **……………………………**  **(DD-MM-CCYY)** | 1. **Age** | 1. **Gender** | | 1. **ID Number**   **…………………………………………………………** | | | | | 1. **Unique No.** | |
| **Male** | **Female** |

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| 1. **Occupational History** | | | | | | | | | | | | | | |
| **Dates** | | **Occupational History and Hazard Exposure** (in chronological order) | | | | | | | | | | **Hazard Exposure**  (Radiation, Noise, Asbestos, etc) | | |
| **From** | **To** | **Organisation** | | | | **Location** | | **Occupation** | | | |
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| 1. **Geographical History** | | | | | | | | | | | | | | |
| **From** | **To** | **Areas of Residence** (Town and Province) | | | | | | | | | | **Hazard Exposure** | | |
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| 1. **Medical History:**  Tick YES or NO. Please provide complete details below, if yes has been indicated. Additional page to be added if space is insufficient | | | | | | | | | | | | | | |
| **Do you have any pre-existing medical condition or do you now have any of the conditions listed below** | | | | | | | | | | | | | | |
| 1. Freq. or severe headache | | | | **Y** | **N** | 10. Tuberculosis | | | **Y** | **N** | 19. Malignant tumours or cancer | | **Y** | **N** |
| 1. Fainting attacks or dizziness | | | | **Y** | **N** | 11. Gastro/Intestinal problems | | | **Y** | **N** | 20. Skin disease | | **Y** | **N** |
| 1. Head Injury | | | | **Y** | **N** | 12. Cardio/Vascular problems | | | **Y** | **N** | 21. Sleep disorders | | **Y** | **N** |
| 1. Blackouts/epilepsy/fits | | | | **Y** | **N** | 13. Sinus problems | | | **Y** | **N** | 22. Hernias | | **Y** | **N** |
| 1. Depression/anxiety or any other nervous or psychological problems | | | | **Y** | **N** | 14. Muscular/Skeletal problems | | | **Y** | **N** | 23. Any Allergies | | **Y** | **N** |
| 1. Eye or vision problems | | | | **Y** | **N** | 1. Back or neck problems | | | **Y** | **N** | 24. Respiratory problems | | **Y** | **N** |
| 7a. Spectacles | | | | **Y** | **N** | 1. Arthritis | | | **Y** | **N** | 25. Any other illness or injury | | **Y** | **N** |
| 7b. Contact lenses | | | | **Y** | **N** | **Y** | **N** |
| 8. A discharge from either ear | | | | **Y** | **N** | 1. Urinary Tract problems | | | **Y** | **N** | 26. Hearing disorders or deafness | | **Y** | **N** |
| 9. Pregnant | | | | **Y** | **N** | 1. Diabetes or Endocrine problems | | | **Y** | **N** | 27. | | **Y** | **N** |
| 28. **Medicine**: Please indicate what medicines you are currently using or have at any time in the last 2 years (prescription and non-prescription) | | | | | | | | | | | | | | |
| 29. **Medical treatment in the last three (3) years,** which required sick leave > 7 days of hospitalisation | | | | | | | | | | | | | | |
| Date | | | Name of Medical Practitioner, Specialist, etc. | | | | Diagnosis/treatment | | | | | | | |
| 30. **REMARKS** (To be completed by Medical Examiner. Comment in full on all items marked YES) | | | | | | | | | | | | | | |

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| 1. **Life Style History:** | | | |
| **Please indicate your current life style** | | | |
| 1. Treated for alcohol/drug addiction | **Y** | **N** | **Details if Yes:** |
| 1. Exercise: Frequency per week …………………… Duration per occasion ……………………………. | | | |
| 1. Hobbies: Type | | | |
| 1. Alcohol consumption: Frequency per week ……………………. Units per occasion ………………………………….. | | | |
| 1. Tobacco Usage ………………………………………………….. cigarettes or cigars per day | | | |

**C Medical Examination and Tests**

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| 1. Mass   …………..(kg) | 1. Height   ……………(cm)  Hgt:  ..................mmo/l | 1. Pulse   ……………….  …….  Rate/ Min | 1. Blood Pressure   mm/hg | | 1. Urinalysis | Leucocytes | Nitrates | pH | Protein | Glucose | Ketones | Urobil | Billirubin | Blood |  |
| Lying | Sitting |
| 1. BMI: ………………… | | 1. Abdominal circumference:   ….....………………………………….(cm) | | | Normal |  |  |  |  |  |  |  |  |  |  |
| Abnormal |  |  |  |  |  |  |  |  |  |  |

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| Mark each item in the appropriate column | NAD | ABN | Not Done | Mark each item in the appropriate column | NAD | ABN | Not Done |  |
| 8.JJACCOL |  |  |  | 15.Upper and lower limbs(strength, range and motion) |  |  |  |  |
| 9. Head, face, scalp, and neck. |  |  |  | 16. Spine and muscle- skeletal |  |  |  |  |
| 10.Ears, mouth, nose throat |  |  |  | 17. Genito- urinary |  |  |  |  |
| 1. Respiratory system |  |  |  | 18. Skin and appendages |  |  |  |  |
| 12.Cardiovascular and Lymphatic |  |  |  | 19. psychological impression |  |  |  |  |
| 13. Abdomen(viscera, hernia, and liver) |  |  |  | 20. Any allergy |  |  |  |  |
| 14. Neurological system(ankle jerks |  |  |  |  |  |  |  |  |

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| **D Special Medical Investigations** (To be conducted as prescribed by the OREP) | | | | | | | | | | | |
| 1. **Vision Examination**   **(Attach vision test report)** | | | 1. **Screening Audiometry**   **(Attach audiogram report)** | | | 1. **Special Examination**   **(Attach relevant report)** | | | | | |
| Corrective lenses used? | Yes | No | Frequency (H3) | R | L | Lung function test (Spirometry) | Volume litres | % | | NAD | ABN |
| Ophthalmoscope examination | NAD | ABN | Auto scope Examination |  |  | FVC |  |  | |  |  |
| Cornea/Lens/Fundi |  |  | 500 |  |  | FEV1 |  |  | |  |  |
| Visual acuity (corrected) | R | L | 1 000 |  |  | PF |  |  | |  |  |
| Far (6m)  Near (50m)  Night vision | 20/  20/  20/ | 20/  20/  20/ | 2 000 |  |  | FEV1/FVC% |  |  | |  |  |
| 3 000 |  |  | Chest R-Ray (attach report) | | |  | |  |
| 4 000 |  |  | Vibration Sense | | |  | |  |
| 6 000 |  |  |
| 8 000 |  |  | Blood tests if indicated | | | NAD | | ABN |
| Visual fields |  |  | Categorization | | | Full blood count / ESR | | |  | |  |
| Colour vision (state method) |  |  | PLH Current | | | AST / ALT / Gamma GT / ALK.phospate | | |  | |  |
| Blood sugar | | |  | |  |
| Blood lead | | |  | |  |
| Orthorator |  |  | PLH Base line | | | Serum / RBC Choline-esterase | | |  | |  |
| Ishihara |  |  | PLH Shift | | | Other blood investigations | | |  | |  |
| Colour wires |  |  | PBI | | | Urinary mercury | | |  | |  |
| Urinary Cadmium and Beta2 micro globulin | | |  | |  |
| 1. **Physical Ability Assessment – PAA** (As per OREP requirement)   **(Attach relevant reports, when required)** | | | | | | | | | | | |

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| **E. Summary of Findings –** Describe every abnormality in detail |
| * No abnormal medical findings * Significant medical history/findings |

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| **F. Declaration and Recommendations by Medical Examiner** |
| I hereby certify that I personally examined the applicant and this report and attachments embody my findings completely and correctly |
| The applicant (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **(Circle applicable category)** | | | |
| **Cat** | **Recommendations** | **Comments** | |
| 1. | Able to perform the work without any ill effects. | A | No limitations/Restrictions |
| 2. | Able to perform the work, but with reduced efficiency or effectiveness. | B | Temporary Restrictions |
| 3. | Able to perform the work, although this may adversely affect the medical condition. | C | Adaptation of work environment |
| 4. | Able to perform the work, but without unacceptable risks to the health and safety of himself, other workers or the community. | D | Education/Training |
| 5. | Physically or mentally incapable of performing the work in question | E | Referred |
| 6. | Person with a disability as stipulated in EE Act. Of 1995 Then add to GA 14 comments | F | Declared / Non declared |
| Signature of OHP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Names and qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_ | | | |

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| **G. OCCUPATIONAL RISK EXPOSURE PROFILE** | | | | | | | |
|  |  | |  | **OREP Category A**  **Examination – 12 Monthly** | **OREP Category B**  **Examination – 24 monthly** | **OREP Category C**  **Examination – 36 monthly** | **OREP Category D**  **More Frequently** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Company**  **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Field/Industry**  **:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | . Food handlers . Live line workers  . Pilots . Heavy manual >50 years  . Shift workers . OHN’s – PHC  . Heat workers . Designated Drivers as  . Tech – Chemical SASOM requirements  . Appointed 1st Aiders | . Tech Other  . Heavy manual <50 years  . SHE reps  . Health Workers | **. Administration workers**  **. Office bound employees**  . Drivers doing less than 1 000km per month  **(Review Drivers allocation in terms of SASOM and Traffic Regulations)** | . Compromised health  . Employees exposed to >105 dB |

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|  | **Frequency** | **Exposure** | **Full Exam** | **Clinical History** | **Skin Exam** | **Resp Exam** | **Neuro Exam** | **Vibration Sense** | **Ergo Eval** | **Critical/ Driver T ask** |  | **Shift Work Question** | **Haz Question** |  | **Audiometric** | **Lung Function** | **Chest X-Ray** | **Vision Exam** |  | **Hep B** | **Full Blood Count** | **Alk Phos** | **AST** | **GAMMA GT** | | **Bilirubin** | **Lead** | **Cholinesterase** | **Mercury** | **Cadmium** | | **Beta2 Microblob** | **Compromised** |
| **Physical Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noise 85 dB – 1-5 dB | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Noise > 105 dB | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Vibration | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Thermal: Hot | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Thermal: Cold | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Ergonomic Stress | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Electrical Contact | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Illumination | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Physical Work | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Heavy Manual Labour  >50 years  <50 years | 12  24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Critical Task – not in A | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Office Bound Workers | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Plant/Workshop workers | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Field workers | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Transport Drivers | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| **Radiation Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ionising >5 mSv | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| <5 mSv | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Non-Ionising: EMF | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Ultraviolet | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| **Airborne Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asbestos | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
| Silica | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Coal Dust | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Gases/Vapours (Co2, SF6) | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| **Chemical Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Metals: Lead | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Mercury | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Cadmium | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Welding & solder fumes | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Solvents, oils & greases | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| PCB | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Pesticides | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Diesel or petrol | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| **Psycho-Social** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Stress | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Shift work | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |

**H. RISK EXPOSURE MEDICAL EXAMINATION (Select appropriate examination / tests based on hazard profile of individual)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Brief details of any illness, accident & treatment since last exam. | | | | | **Occ.** | | **Age** | | **OREP** | | | | **Occ.** | | **Age** | | **OREP** | | | **Occ.** | | | **Age** | | **OREP** | | | | **Occ.** | **Age** | | | **OREP** | | | | | Transfer or Exit | | | OREP Category | | | | |
| 1. Systematic history to be probed at each periodic medical exam | | | | |
| 1. Hobbies, smoking, alcohol, medication, diet and exercise habits | | | | | **Exit** | **Resigned** | | **Retirement** | | | | |
| 1. Any new Allergies | | | | | **Discharged** | | **Normal** | | **Early** | | **Ill Health** |
| **Medical History and Examination** | | | | | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  | |  | |  | |  |
| Current Medical/Surgical/Psychological History | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Height | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Mass | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Body Mass Index | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Blood Pressure | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Pulse | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Abdominal Circumference | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| JJACCOL | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Head, face, scalp and neck | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Ears, nose, mouth and throat | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Respiratory System | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Cardiovascular & lymphatic | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Abdomen (viscera, hernia, liver) | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Neurological system (ankle jerks) | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Upper and lower limbs (strength, range of motion) | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Spine and musculo-skeletal )cervical, thoracic, lumbar) | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Vibration Sense | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Skin and appendages | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| Psychological impression | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  |  | |  | |  | |  |
| **Vision Test** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visual acuity (corrected) Far (6m) | | | | | 20/ 20/ | | | | | | | | 20/ 20/ | | | | | | | | 20/ 20/ | | | | | | 20/ 20/ | | | | | | | | | | 20/ 20/ | | | | | | | | |
| Near (50cm) | | | | | 20/ 20/ | | | | | | | | 20/ 20/ | | | | | | | 20/ 20/ | | | | | | | | | 20/ 20/ | | | | | | | | | 20/ 20/ | | | | | | | |
| Visual fields NAD/ABN | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Cornea/Lenses/Fundi NAD/ABN | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Hearing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categorisation | | | | | PHL% | | | | | | | | PHL% | | | | | | PHL% | | | | | | | | | | PHL% | | | | | | PHL% | | | | | | | | | | |
| **Lung Function Test** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| FVC% | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| FEV 1% | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| FEV1% - / FVC% | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| PEF% | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Chest X-Ray | | | | | NAD/ ABN/ | | | | | | | | NAD/ ABN/ | | | | | | | NAD/ ABN/ | | | | | | | | | NAD/ ABN/ | | | | | | | | | NAD/ ABN/ | | | | | | | |
| **Blood Tests** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FBC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESR | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Gamma GT | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Billirubin | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Lead | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Mercury | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Cadmium | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Choline-esterase | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Beta 2 Micro globulin | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Urine Analysis** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urinalysis: Protein/Sugar/blood/Leucocytes NAD/ABN | | | | | Pro | Sug | | Blood | | Leuc | | Pro | | Sug | | Blood | | Leuc | | Pro | | Sug | | Blood | | Leuc | | | Pro | | Sug | Blood | | Leuc | | | Pro | | | Sug | | Blood | | Leuc | |
| **Results Recommendation** (Tick appropriate column) | | | | |  | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  |  | |  | | |  | | |  | |  | |  | |
| 1 |  | A |  |  |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | | | | | |
| 2 |  | B |  |  |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| 3 |  | C |  |  |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| 4 |  | D |  |  |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| 5 |  | E |  |  |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| See page 4 for explanation | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| O.H. Practitioner – Name & Surname | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Centre | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **CARDEX** | | | |
| Date | Clinical Examination and Special Investigation | | Interventions/Referral |
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| Comment on: 1. Health Suitability for a transfer to a different OREP and/or B.U.  2. Occupational hazard exposure incidents and injuries at work.  3. Presence of occupational/s. | |  | |

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