

MEDICAL ASSESSMENT



CANDIDATE NAME:		12 12		D.O.B:	09 / 11 / 2014	
HEIGHT (cms)	WEIGHT (kg)	BMI	URINALYSIS	BSL (MMOL/L)	TEST RANDOM BLOOD SUGAR LEVEL IF URINALYSIS +VE TO GLUCOSE OR A FAMILY HISTORY OF DIABETES	
3	400	44.44	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORMAL: fdg <input type="checkbox"/> DISCUSSED	34.0		
BMI			Rating			
< 18.5		<input type="checkbox"/>	Underweight	Conditional		
18.5 – 24.9		<input type="checkbox"/>	Normal	Satisfactory		
25.0 – 29.9		<input type="checkbox"/>	Overweight	Conditional		
30.0		<input checked="" type="checkbox"/>	Obese	Unsatisfactory		
WAIST CIRCUMFERENCE: 344 (cm) HIP CIRCUMFERENCE: 432 (cm) WAIST TO HIP RATIO: 0.796296			RISK	FEMALE	MALE	
			Low <input checked="" type="checkbox"/>	<0.80	<0.90	
			Medium <input type="checkbox"/>	0.80-0.85	0.90-0.95	
			High <input type="checkbox"/>	>0.85	>0.95	
1. ISUAL ACUITY						
DISTANCE VISION	Right Eye	Right Eye Corrected	Left Eye	Left Eye Corrected		
ACUITY:	6/ 3	6/ 4	6/4	6/2		
Candidate should be tested wearing VISUAL AIDS if routinely worn						
NEAR VISION	Right Eye	Right Eye Corrected	Left Eye	Left Eye Corrected		
ACUITY:	N/ 4	N/ 3	N/2	N/2		
PERIPHERAL VISION NORMAL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	VISUAL AIDS TO BE WORN AT WORK	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	GLASSES / CONTACTS		
COLOUR VISION- ISHIHARA TEST: 17 Colour Plate test. Ensure the plates are held at 75cm distance from candidate and viewed perpendicular to vision.						
COLOUR VISION NORMAL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SCORE: ----- / 17					
2. ARDIOVASCULAR SYSTEM			NORMAL	ABNORMAL	COMMENTS	
Resting BP (mm Hg)	1st Reading:	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	323	
	2nd Reading:	3				
Resting Heart Rate (bpm)	1st Reading:	232	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	
	2nd Reading:	23				

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Heart Sounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	sd
Peripheral Pulses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	sdd
Veins & Other Vessels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	deq
3. RESPIRATORY SYSTEM	NORMAL	ABNORMAL	COMMENTS
Symmetrical chest expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	sas
Auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asaS
Spirometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	assd
4. SKIN	NO	YES	COMMENTS
Skin Disorders (Eczema / Dermatitis / Sun Damage / Other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wewe
Evidence of Drug / Alcohol Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wew
Evidence of Nail Biting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ewe
Scars (surgical or other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wew
5. EAR / NOSE / THROAT / MOUTH	NORMAL	ABNORMAL	COMMENTS
Ears	<input type="checkbox"/>	<input checked="" type="checkbox"/>	q
Nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	dsad
Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	dx
Teeth and Gums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cxzc
Hearing (Refer to Audiometry)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	qw
6. GASTROINTESTINAL SYSTEM	NORMAL	ABNORMAL	COMMENTS
Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ds
Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	s
Liver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vcvx
Spleen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	hhgg

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7. NERVOUS SYSTEM

NORMAL

ABNORMAL

COMMENTS

Balance and Reflexes



dsad

Coordination



asdasd

8. URINARY SYSTEM

NORMAL

ABNORMAL

COMMENTS

Kidneys



sdasdasd

9. GLANDULAR

NORMAL

ABNORMAL

COMMENTS

Lymph glands



rwer

Thyroid



gdv

Other



cvc

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Is candidate mentally and physically fit to undertake assignment now, and for the foreseeable future?

YES

☐

NO

☒

COMMENTS: dsd

Is candidate's life expectancy or mobility likely to be adversely affected by anything revealed by your examination?

YES

☒

NO

☐

COMMENTS: sdsdd

I have examined: dsad and report:

That the proposed occupation **would* / **would not** require special services or facilities to be provided in order to be suitable for the applicant.

**Doctor to circle appropriate answer.*

COMMENTS: sdsda

FINAL ASSESSMENT:

FIT

UNFIT

Fit with
Restrictions

COMMENTS: bvnjvbnb

Doctor's Name:

Signature:

Date:

Location:

The purpose of this examination and the consequent opinions expressed are in the interests of prevention of Industrial Injury.