

PRE-EMPLOYMENT HEALTH ASSESSMENT

Examiner: * Check that the questionnaire has been completed correctly.
* Check that an explanation has been given for every positive response.
* Add any further comments to this form.

Family Name null Given Names test test

Photo – ID has been sighted (compulsory) Confirmed Not sighted
Hand Dominance Right ☐ Left ☐

Height cms Weight 1111 kgs

Urinalysis						Instant Drug Screen			
						-ve	+ve	-ve	+ve
Protein	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>				
Comment: sas						Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	Benzo's <input checked="" type="checkbox"/>
Glucose	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>	Opiates	<input type="checkbox"/>	<input type="checkbox"/>	Cocain <input checked="" type="checkbox"/>
Comment: asas						Amphet's	<input type="checkbox"/>	<input type="checkbox"/>	Methamph <input checked="" type="checkbox"/>
Blood	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Comment: asasasa									

Audiogram (please complete OR ☐ attach audio readout)

	500Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right Ear								
Left Ear								

Spirometry (please complete OR ☐ attach spiro readout - use actual values not %)

FEV1 FVC PERFR

Pre-Br/dilator

Pre-Br/dilator

Is Spirometry satisfactory? Y ☐ N ☐

Candidate ever used a puffer? Y ☐ N ☐

If Yes to either of above, was there any respiratory problem? Y ☐ N ☐

Examiners Comments

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Vision										
Visual Acuity:	Uncorrected:	L	R	Corrected:	L	R				
		6/	6/		6/	6/				
Near Vision:		N	N		N	N				
Visual Fields:		Left	Right							
	Normal	<input type="checkbox"/>	<input type="checkbox"/>							
	<45°	<input type="checkbox"/>	<input type="checkbox"/>							
Ishihara responses:	Number wrong	(ONLY IF APPLICABLE TO JOB)								
Cardiovascular										
Systolic BP			Diastolic BP			Pulse				
Heart Rhythm:	Normal	<input type="checkbox"/>	AF	<input type="checkbox"/>	Occ. Ectopics	<input type="checkbox"/>	Freq. Ectopics	<input type="checkbox"/>		
Heart Sounds:	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>						
Pacemaker:	Y	<input type="checkbox"/>	N	<input type="checkbox"/>						
Respiratory										
Chest:	Normal	<input type="checkbox"/>	Reduced (<5cm)	<input type="checkbox"/>						
Air Entry:	Upper Zones	Normal	<input type="checkbox"/>	Reduced (<5cm)	<input type="checkbox"/>					
	Lower Zones	Normal	<input type="checkbox"/>	Reduced (<5cm)	<input type="checkbox"/>					
Added Sounds:	Nil	<input type="checkbox"/>	Widespread crackles	<input type="checkbox"/>	Basal crackles	<input type="checkbox"/>	Wheeze	<input type="checkbox"/>	Rub	<input type="checkbox"/>
Ears										
External Canals:	Normal	<input type="checkbox"/>	Dermatitis	<input type="checkbox"/>	Fungal infection	<input type="checkbox"/>	Structural abnormality	<input type="checkbox"/>	Wax	<input type="checkbox"/>
Tympanic Membranes:	Normal	<input type="checkbox"/>	Effusion	<input type="checkbox"/>	Wet perforation	<input type="checkbox"/>	Dry perforation	<input type="checkbox"/>		
Skin										
External Canals:		<u>Nil</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>					
	Eczema/dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Tinea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Solar damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Folliculitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Examiners Comments									
Abdomen									
Scars:	Nil <input type="checkbox"/>	Appendix <input type="checkbox"/>	Gallbladder <input type="checkbox"/>	Hernia <input type="checkbox"/>	Other <input type="checkbox"/>				
Hernial orifices:	Normal <input type="checkbox"/>	Inguinal hernia <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>					
Rectus muscles:	Normal <input type="checkbox"/>	Weak/bulging <input type="checkbox"/>							
CNS									
Muscle tone:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle power:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle wasting:	Nil <input type="checkbox"/>	Present <input type="checkbox"/>							
Tremor:	Nil <input type="checkbox"/>	Resting <input type="checkbox"/>							
Gait:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Lower limb reflexes:	Normal <input type="checkbox"/>	Left <input type="checkbox"/>	Reduced <input type="checkbox"/>	Normal <input type="checkbox"/>	Right <input type="checkbox"/>	Reduced <input type="checkbox"/>			
Detail									
Neck Function									
Posture:	Normal <input type="checkbox"/>	Scoliosis <input type="checkbox"/>							
Rhythm:	Normal <input type="checkbox"/>	Jerky/painful <input type="checkbox"/>							
Flexion:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Extension:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Lateral flexion:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Rotation:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Back Function									
Posture:	Normal	Scoliosis	Kyphosis						
Rhythm:	Normal	Jerky/painful							
Flexion:	Normal	>75%	50-75%	25-50%	<25%				
Extension:	Normal	>75%	50-75%	25-50%	<25%				
Lateral flexion:	Normal	>75%	50-75%	25-50%	<25%				
Rotation:	Normal	>75%	50-75%	25-50%	<25%				

Examiners Comments

Limb Function

Mobility:	<u>Normal</u>	<u>Reduced</u>	<u>Painful</u>		<u>Normal</u>	<u>Abnormal</u>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grip Strength	<input type="checkbox"/>	<input type="checkbox"/>
Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epicondyles	<input type="checkbox"/>	<input type="checkbox"/>
Wrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>Normal</u>	<u>Abnormal</u>			<u>Normal</u>	<u>Abnormal</u>
Heel walk:	<input type="checkbox"/>	<input type="checkbox"/>		Rhomberg's	<input type="checkbox"/>	<input type="checkbox"/>
Duck walk:	<input type="checkbox"/>	<input type="checkbox"/>	(walk in HALF squat position)			
Toe walk:	<input type="checkbox"/>	<input type="checkbox"/>				

Any Further Comments on Questionnaire

Comments on Examination

Examiner's Name/Stamp

SIGNATURE

Signature

Date