REDiMED
TOTAL INJURY MANAGEMENT

Medical Assessment

SECTION 1: Cardiovascular System

Height: 134	Weight: 50	BMI: 28
Waist: 2	Hip: 4	WHR: 1

			BMI Classification:
Blood Pressure	3 mmHg	Normal ☑ Abnormal ☐	☐ Underweight (<18.5)
Resting Heart rate	4 bpm	Normal ☐ Abnormal ☑	☐ Normal (18.5-24.9)
Heart Sounds		Normal ☑ Abnormal ☐	☑ Overweight (25.0-29.9)
Peripheral Vessels		Normal ☐ Abnormal ☑	
Veins & other Vessels		Normal ☑ Abnormal ☐	☐ Obese (>30)

Examiner Comments

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SECTION 2: Visual Acuity

Candidate should be tested wearing visual aids if routinely worn

	Right	Right corrected	Left	Left Corrected
Distance Vision	6/ 1	6/ 2	6/ 3	6/ 4
Near Vision	N/ 5	N/ 6	N/ 7	N/ 8
Colour Vision (Ishihara Test)	Normal ☑ Abnormal ☐	Score: 12 /17		
Peripheral Vision	Normal ☐ Abnormal ☑			
Visual Aids to be worn at work?	Yes ☑ No ☐			

Examiner Comments

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SECTION 3: Urinalysis

						Blood Sugar Level
Protein	☐ Nil	☐ Trace	☐ +	☐ ++	☑ +++	
Glucose	☐ Nil	☐ Trace	☑ +	☐ ++	☐ +++	43
Blood	☑ Nil	☐ Trace	☐ +	☐ ++	☐ +++	mmol/L

Examiner Comments

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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

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SECTION 10: Cardiovascular Risk Assessment

AGE: 34	If 55 years or above, proceed to ECG testing

Risk Factor Checklist		Risk Stratification	
☑ Hypertension (>150/95 mmHg) ☑ Current Smoker	☑ **LOW**	$\leq$ 1 risk factors	
☐ Know High Cholesterol ☑ Sedentary Lifestyle ☑ Family History of Heart Disease ☐ History of Heart Disease	☐ **MEDIUM**	$\geq$ 3 risk factors	
☑ WHR >0.80 (Women) >0.90 (Men) AND/OR Obesity (BMI $\geq$30)	☐ **HIGH**	Diagnosed cardiac, pulmonary or metabolic disease **OR** $\geq$ 1 sign or symptom of Coronary Artery Disease*	

ECG indicated (Required for individuals who are medium or high risk, OR over 55 years old)	Yes ☐ No ☑
ECG Results, if indicated	Normal ☑ Abnormal ☐
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.

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Doctor's Name	Pre-employment 1	**Signature**	
Date	17/12/2014	**Location**	