

MEDICAL ASSESSMENT



CANDIDATE NAME:		aa 1		D.O.B:	____/____/____	
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	
		0.00	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL: <input type="checkbox"/> DISCUSSED			
BMI				Rating		
< 18.5		<input checked="" 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 type="checkbox"/>	Obese	Unsatisfactory		
WAIST CIRCUMFERENCE: ____ (cm) HIP CIRCUMFERENCE: ____ (cm) WAIST TO HIP RATIO: ____			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/	6/	6/	6/		
Candidate should be tested wearing VISUAL AIDS if routinely worn						
NEAR VISION	Right Eye	Right Eye Corrected	Left Eye	Left Eye Corrected		
ACUITY:	N/	N/	N/	N/		
PERIPHERAL VISION NORMAL	YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" type="checkbox"/> SCORE: ____ / 17				
2. ARDIOVASCULAR SYSTEM			NORMAL	ABNORMAL	COMMENTS	
Resting BP (mm Hg)	1st Reading:	null				
	2nd Reading:	null				
Resting Heart Rate (bpm)	1st Reading:	null				
	2nd Reading:	null				

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____/____/____

Heart Sounds

Peripheral Pulses

Veins & Other Vessels

3. RESPIRATORY SYSTEM

NORMAL

ABNORMAL

COMMENTS

Symmetrical chest expansion

Auscultation

Spirometry

4. SKIN

NO

YES

COMMENTS

Skin Disorders (Eczema / Dermatitis / Sun Damage / Other)

Evidence of Drug / Alcohol Abuse

Evidence of Nail Biting

Scars (surgical or other)

5. EAR / NOSE / THROAT / MOUTH

NORMAL

ABNORMAL

COMMENTS

Ears

Nose

Throat

Teeth and Gums

Hearing (Refer to Audiometry)

6. GASTROINTESTINAL SYSTEM

NORMAL

ABNORMAL

COMMENTS

Abdomen

Hernial Orifices

Liver

Spleen

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____/____/____

7. NERVOUS SYSTEM

NORMAL

ABNORMAL

COMMENTS

Balance and Reflexes

Coordination

8. URINARY SYSTEM

NORMAL

ABNORMAL

COMMENTS

Kidneys

9. GLANDULAR

NORMAL

ABNORMAL

COMMENTS

Lymph glands

Thyroid

Other

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____/____/____

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

YES

NO

COMMENTS:

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

YES

NO

COMMENTS:

I have examined: 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:

FINAL ASSESSMENT:

FIT

UNFIT

Fit with
Restrictions

COMMENTS: ac

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.