

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 hihi Given hi

Photo – ID has been sighted Confirme Not sighted
Hand Right ☐ Left ☐

Heigh 180 cms Weight 80 kgs

Urinalysis

Instant Drug Screen

Protein	Nil <input type="checkbox"/>	Trac <input checked="" type="checkbox"/>	+	<input type="checkbox"/>	+	<input type="checkbox"/>	++	<input type="checkbox"/>	-	+v	-	+v		
Comment									Cannabis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Benzo's	<input type="checkbox"/>	<input type="checkbox"/>
Glucose	Nil <input type="checkbox"/>	Trac <input checked="" type="checkbox"/>	+	<input type="checkbox"/>	+	<input type="checkbox"/>	++	<input type="checkbox"/>	Opiates	<input type="checkbox"/>	<input type="checkbox"/>	Cocain	<input type="checkbox"/>	<input type="checkbox"/>
Comment									Amphet'	<input type="checkbox"/>	<input type="checkbox"/>	Methamp	<input type="checkbox"/>	<input type="checkbox"/>
Blood	Nil <input type="checkbox"/>	Trac <input type="checkbox"/>	+	<input checked="" type="checkbox"/>	+	<input type="checkbox"/>	++	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>			
Comment	More test													

Audiogra (please complete ☒ attach audio

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

Spirometr (please complete ☒ attach spiro readout - use actual values not %)

	FEV1	FVC	PERFR
Pre-			
Pre-			
Is Spirometry	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Candidate ever used a	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
If Yes to either of above, was there any respiratory	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	

Examiners Comments

No.
.....
.....
.....
.....
.....

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"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
Ishihara	Number	(ONLY IF APPLICABLE TO JOB)							

Cardiovascular									
Systolic BP			Diastolic BP			Pulse			
Heart Rhythm:	Normal	<input checked="" type="checkbox"/>	AF	<input type="checkbox"/>	Occ. Ectopics	<input type="checkbox"/>	Freq. Ectopics	<input type="checkbox"/>	
Heart Sounds:	Normal	<input checked="" type="checkbox"/>	Abnorma	<input type="checkbox"/>					
Pacemaker:	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>					

Respiratory										
Chest:	Normal	<input checked="" type="checkbox"/>	Reduced	<input type="checkbox"/>						
Air Entry:	Upper Zones	Normal	<input checked="" type="checkbox"/>	Reduced	<input type="checkbox"/>					
	Lower Zones	Normal	<input checked="" type="checkbox"/>	Reduced	<input type="checkbox"/>					
Added Sounds:	Nil	<input checked="" type="checkbox"/>	Widespread	<input type="checkbox"/>	Basal	<input type="checkbox"/>	Wheeze	<input type="checkbox"/>	Rub	<input type="checkbox"/>

Ears										
External	Norma	<input checked="" type="checkbox"/>	Dermatiti	<input type="checkbox"/>	Fungal	<input type="checkbox"/>	Structural	<input type="checkbox"/>	Wax	<input type="checkbox"/>
Tympanic	Norma	<input checked="" type="checkbox"/>	Effusio	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Dry	<input type="checkbox"/>		

Skin									
External Canals:		<u>Nil</u>	<u>Mil</u>	<u>Moderat</u>	<u>Severe</u>				
Eczema/dermatit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Psoriasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Solar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Folliculiti	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Othe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Examiners Comments									
Abdomen									
Scars:	Ni <input type="checkbox"/>	Appendi <input checked="" type="checkbox"/>	Gallbladde <input type="checkbox"/>	Herni <input type="checkbox"/>		Other <input type="checkbox"/>			
Hernial orifices:	Norma <input checked="" type="checkbox"/>	Inguinal <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>					
Rectus muscles:	Norma <input checked="" type="checkbox"/>	Weak/bulgin <input type="checkbox"/>							
CNS									
Muscle tone:	Normal <input checked="" type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle power:	Normal <input checked="" type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle wasting:	Nil <input checked="" type="checkbox"/>	Present <input type="checkbox"/>							
Tremor:	Nil <input checked="" type="checkbox"/>	Resting <input type="checkbox"/>							
Gait:	Normal <input checked="" type="checkbox"/>	Reduced <input type="checkbox"/>							
Lower limb	Normal <input checked="" type="checkbox"/>	Left Reduced <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Right Reduced <input type="checkbox"/>					
Detail									
Neck Function									
Posture	Norma <input checked="" type="checkbox"/>	Scoliosis <input type="checkbox"/>							
Rhythm	Norma <input checked="" type="checkbox"/>	Jerky/painf <input type="checkbox"/>							
Flexion	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Extension	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Lateral	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Rotation:	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Back Function									
Posture	Norma <input checked="" type="checkbox"/>	Scoliosis <input type="checkbox"/>	Kyphosi <input type="checkbox"/>						
Rhythm	Norma <input checked="" type="checkbox"/>	Jerky/painf <input type="checkbox"/>							
Flexion	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Extension	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Lateral	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				
Rotation:	Norma <input checked="" type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25- <input type="checkbox"/>	<25% <input type="checkbox"/>				

Examiners Comments

Limb Function

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

Any Further Comments on Questionnaire

Comments on Examination

Examiner's

SIGNATURE

Signature

Date