

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 Tom Given Names t

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

Height 180 cms Weight 80 kgs

Urinalysis

Instant Drug Screen

| | -ve | +ve | | -ve | +ve |
|--|-----|-----|---|---|-----|
| Protein Nil <input checked="" type="checkbox"/> Trace <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++ <input type="checkbox"/> | | | | | |
| Comment: | | | Cannabis <input checked="" type="checkbox"/> <input type="checkbox"/> | Benzo's <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| Glucose Nil <input checked="" type="checkbox"/> Trace <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++ <input type="checkbox"/> | | | Opiates <input checked="" type="checkbox"/> <input type="checkbox"/> | Cocain <input type="checkbox"/> <input type="checkbox"/> | |
| Comment: | | | Amphet's <input checked="" type="checkbox"/> <input type="checkbox"/> | Methamph <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| Blood Nil <input checked="" type="checkbox"/> Trace <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++ <input type="checkbox"/> | | | Alcohol <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| Comment: | | | | | |

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 <input checked="" type="checkbox"/> | N <input type="checkbox"/> | |
| Candidate ever used a puffer? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | |
| If Yes to either of above, was there any respiratory problem? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | |

Examiners Comments

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| Vision | | | | | | | | | | |
|---------------------|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------|--------------------------|-----|--------------------------|
| Visual Acuity: | Uncorrected: | L | R | Corrected: | L | R | | | | |
| | | 6/ 6 | 6/ 6 | | 6/ | 6/ | | | | |
| Near Vision: | | N 6 | N 6 | | N | N | | | | |
| Visual Fields: | Left | Right | | | | | | | | |
| | Normal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | |
| | <45° | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Ishihara responses: | Number wrong | (ONLY IF APPLICABLE TO JOB) | | | | | | | | |
| Cardiovascular | | | | | | | | | | |
| Systolic BP | 100 | Diastolic BP | 140 | Pulse | 75 | | | | | |
| 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"/> | Abnormal | <input type="checkbox"/> | | | | | | |
| Pacemaker: | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> | | | | | | |
| Respiratory | | | | | | | | | | |
| Chest: | Normal | <input checked="" type="checkbox"/> | Reduced (<5cm) | <input type="checkbox"/> | | | | | | |
| Air Entry: | Upper Zones | Normal | <input checked="" type="checkbox"/> | Reduced (<5cm) | <input type="checkbox"/> | | | | | |
| | Lower Zones | Normal | <input checked="" type="checkbox"/> | Reduced (<5cm) | <input type="checkbox"/> | | | | | |
| Added Sounds: | Nil | <input checked="" 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 checked="" type="checkbox"/> | Dermatitis | <input type="checkbox"/> | Fungal infection | <input type="checkbox"/> | Structural abnormality | <input type="checkbox"/> | Wax | <input type="checkbox"/> |
| Tympanic Membranes: | Normal | <input checked="" 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 checked="" 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"/> | | | | | |
| | Tinea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | Solar damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | Folliculitis | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

| Examiners Comments | | | | | | | | | |
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| 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 checked="" type="checkbox"/> | Inguinal hernia <input type="checkbox"/> | R <input type="checkbox"/> | L <input type="checkbox"/> | | | | | |
| Rectus muscles: | Normal <input checked="" type="checkbox"/> | Weak/bulging <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 reflexes: | Normal <input checked="" type="checkbox"/> | Left Reduced <input type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Right Reduced <input type="checkbox"/> | | | | | |
| Detail | | | | | | | | | |
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| Neck Function | | | | | | | | | |
| Posture: | Normal <input checked="" type="checkbox"/> | Scoliosis <input type="checkbox"/> | | | | | | | |
| Rhythm: | Normal <input checked="" type="checkbox"/> | Jerky/painful <input type="checkbox"/> | | | | | | | |
| Flexion: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Extension: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Lateral flexion: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Rotation: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Back Function | | | | | | | | | |
| Posture: | Normal <input checked="" type="checkbox"/> | Scoliosis <input type="checkbox"/> | Kyphosis <input type="checkbox"/> | | | | | | |
| Rhythm: | Normal <input checked="" type="checkbox"/> | Jerky/painful <input type="checkbox"/> | | | | | | | |
| Flexion: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Extension: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Lateral flexion: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |
| Rotation: | Normal <input checked="" type="checkbox"/> | >75% <input type="checkbox"/> | 50-75% <input type="checkbox"/> | 25-50% <input type="checkbox"/> | <25% <input type="checkbox"/> | | | | |

Examiners Comments

Limb Function

| Mobility: | <u>Normal</u> | <u>Reduced</u> | <u>Painful</u> | | <u>Normal</u> | <u>Abnormal</u> |
|------------|-------------------------------------|--------------------------|-------------------------------|---------------|-------------------------------------|--------------------------|
| Shoulder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grip Strength | <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 position) | | | |
| Toe walk: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |

Any Further Comments on Questionnaire

Comments on Examination

Examiner's Name/Stamp
 Tom

SIGNATURE



Signature

Date