

MEDICAL ASSESSMENT



CANDIDATE NAME:		q w		D.O.B:	08 / 09 / 1983	
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	
1	22	22.00	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORMAL: 1 <input type="checkbox"/> DISCUSSED	2.0		
BMI			Rating			
< 18.5		<input type="checkbox"/>	Underweight	Conditional		
18.5 – 24.9		<input checked="" type="checkbox"/>	Normal	Satisfactory		
25.0 – 29.9		<input type="checkbox"/>	Overweight	Conditional		
30.0		<input type="checkbox"/>	Obese	Unsatisfactory		
WAIST CIRCUMFERENCE: 3 (cm) HIP CIRCUMFERENCE: 3 (cm) WAIST TO HIP RATIO: 1.0			RISK	FEMALE	MALE	
			Low <input type="checkbox"/>	<0.80	<0.90	
			Medium <input type="checkbox"/>	0.80-0.85	0.90-0.95	
			High <input checked="" type="checkbox"/>	>0.85	>0.95	
1. ISUAL ACUITY						
DISTANCE VISION	Right Eye	Right Eye Corrected	Left Eye	Left Eye Corrected		
ACUITY:	6/ 2	6/ 4	6/1	6/3		
Candidate should be tested wearing VISUAL AIDS if routinely worn						
NEAR VISION	Right Eye	Right Eye Corrected	Left Eye	Left Eye Corrected		
ACUITY:	N/ 6	N/ 8	N/5	N/7		
PERIPHERAL VISION NORMAL	YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> SCORE: 12 / 17					
2. ARDIOVASCULAR SYSTEM			NORMAL	ABNORMAL	COMMENTS	
Resting BP (mm Hg)	1st Reading:	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	
	2nd Reading:	2				
Resting Heart Rate (bpm)	1st Reading:	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	
	2nd Reading:	5				

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Heart Sounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
Peripheral Pulses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
Veins & Other Vessels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
3. RESPIRATORY SYSTEM	NORMAL	ABNORMAL	COMMENTS
Symmetrical chest expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
Auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
Spirometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6
4. SKIN	NO	YES	COMMENTS
Skin Disorders (Eczema / Dermatitis / Sun Damage / Other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Evidence of Drug / Alcohol Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Evidence of Nail Biting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
Scars (surgical or other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
5. EAR / NOSE / THROAT / MOUTH	NORMAL	ABNORMAL	COMMENTS
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Nose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
Teeth and Gums	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
Hearing (Refer to Audiometry)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
6. GASTROINTESTINAL SYSTEM	NORMAL	ABNORMAL	COMMENTS
Abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
Liver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
Spleen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4

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7. NERVOUS SYSTEM	NORMAL	ABNORMAL	COMMENTS
Balance and Reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6
8. URINARY SYSTEM	NORMAL	ABNORMAL	COMMENTS
Kidneys	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7
9. GLANDULAR	NORMAL	ABNORMAL	COMMENTS
Lymph glands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Thyroid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3

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

YES



NO



COMMENTS: 4

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

YES



NO



COMMENTS: 5

I have examined: 6 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: 7

FINAL ASSESSMENT:

FIT

UNFIT

Fit with
Restrictions

COMMENTS: 8

Doctor's Name:

Date:

Signature:

Location:

The purpose of this examination and the consequent opinions expressed are in the interests of prevention of Industrial Injury.