

Sticker Here

Medical Assessment

SECTION 1: Cardiovascular System

Height: 150		Weight: 50		BMI: 22	
Waist: 4		Hip: 5		WHR: 6	
Blood Pressure	7 mmHg	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>		BMI Classification: <input type="checkbox"/> Underweight (<18.5) <input checked="" type="checkbox"/> Normal (18.5-24.9) <input type="checkbox"/> Overweight (25.0-29.9) <input type="checkbox"/> Obese (>30)	
Resting Heart rate	8 bpm	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>			
Heart Sounds		Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>			
Peripheral Vessels		Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>			
Veins & other Vessels		Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>			

Examiner Comments

a

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/ 3	6/ 5	6/ 7
Near Vision	N/ 2	N/ 4	N/ 6	N/ 8
Colour Vision (Ishihara Test)	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Score: 10 /17			
Peripheral Vision	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>			
Visual Aids to be worn at work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Examiner Comments

b

SECTION 3: Urinalysis

Protein	<input checked="" type="checkbox"/> Nil	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	Blood Sugar Level 11 mmol/L
Glucose	<input type="checkbox"/> Nil	<input checked="" type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	
Blood	<input type="checkbox"/> Nil	<input type="checkbox"/> Trace	<input checked="" type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	

Examiner Comments

c

Medical Assessment

SECTION 4: Respiratory System	
Spirometry (see attached)	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Symmetrical Chest expansion	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Auscultation	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
SECTION 5: Ear, Nose, Throat & Mouth	
Ears	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Hearing (Refer to Audiogram)	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Nose	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Throat	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Teeth and gums	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
SECTION 6: Skin	
Evidence of Skin Disorders (Eczema/dermatitis/ sun damage / other)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Evidence of drug/alcohol abuse	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Evidence of nail biting	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Evidence of Scars (Surgical or other)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SECTION 7: Gastrointestinal & Urinary System	
Abdomen	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Hernial Orifices	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Liver	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Spleen	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Kidneys	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
SECTION 8: Nervous System	
Balance & reflexes	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Coordination	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
SECTION 9: Glandular	
Lymph glands	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
Thyroid	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Examiner Comments d	

Medical Assessment

SECTION 10: Cardiovascular Risk Assessment			
AGE: 33		If 55 years or above, proceed to ECG testing	
Risk Factor Checklist		Risk Stratification	
<input checked="" type="checkbox"/> Hypertension (>150/95 mmHg) <input checked="" type="checkbox"/> Current Smoker <input checked="" type="checkbox"/> Know High Cholesterol <input checked="" type="checkbox"/> Sedentary Lifestyle <input checked="" type="checkbox"/> Family History of Heart Disease <input checked="" type="checkbox"/> History of Heart Disease <input checked="" type="checkbox"/> WHR >0.80 (Women) >0.90 (Men) AND/OR Obesity (BMI \geq 30)		<input type="checkbox"/> LOW	\leq 1 risk factors
		<input checked="" type="checkbox"/> MEDIUM	\geq 3 risk factors
		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
ECG Results, if indicated			Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>
GP Clearance to complete exercise testing (if required)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>*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.</p> <p>asdasd</p>			
Doctor's Name		Signature	
Date		Location	