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 null Given Names test test

Photo – ID has been sighted (compulsory) Confirmed ☐ Not sighted ☑

Hand Dominance Right ☑ Left ☐

Height 12 cms Weight 30 kgs

Urinalysis

Protein Nil ☐ Trace ☐ + ☐ ++ ☐ +++ ☐
Comment: AAAAAAAAAAAAAAAAAAA
Glucose Nil ☐ Trace ☐ + ☐ ++ ☑ +++ ☐
Comment: AAAAAAAAAAAAAAAA
Blood Nil ☐ Trace ☐ + ☑ ++ ☐ +++ ☐
Comment: AAAAAAAAAAAAAA

Instant Drug Screen

	-ve	+ve		-ve	+ve
Cannabis	☐	☑	Benzo's	☐	☑
Opiates	☑	☐	Cocain	☑	☐
Amphet's	☐	☑	Methamph	☑	☐
Alcohol	☑	☐			

Audiogram (please complete OR ☐ attach audio readout)

	500Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right Ear	200	300	100	200	300	300	300	300
Left Ear	300	300	300	300	300	300	300	300

Spirometry (please complete OR ☐ attach spiro readout - use actual values not %)

	FEV1	FVC	PERFR				
Pre-Br/dilator	100	100	100	100	100	100	100
Pre-Br/dilator	100	100	100	100	100	100	100

Is Spirometry satisfactory? Y ☐ N ☑
Candidate ever used a puffer? Y ☑ N ☐
If Yes to either of above, was there any respiratory problem? Y ☐ N ☑

Examiners Comments

BBBBBBBBBBBBBBBBBBBBBBBBBBBB

Vision

Visual Acuity:	Uncorrected: L	R	Corrected: L	R
	6/ 3	6/ 3	6/ 3	6/ 3
Near Vision:	N 3	N 3	N 3	N 3

Visual Fields:

	Left	Right
Normal	☐	☐
<45°	☑	☑

Ishihara responses: Number wrong 34 (ONLY IF APPLICABLE TO JOB)

Cardiovascular

Systolic BP QQQQQQQQQQQQQ Diastolic BP QQQQQQQQQQQQ Pulse QQQQQQQQQQQQQ

Heart Rhythm: Normal ☐ AF ☐ Occ. Ectopics ☐ Freq. Ectopics ☐

Heart Sounds: Normal ☑ Abnormal ☐

Pacemaker: Y ☐ N ☑

Respiratory

Chest: Normal ☐ Reduced (<5cm) ☑

Air Entry: Upper Zones Normal ☑ Reduced (<5cm) ☐

Lower Zones Normal ☑ Reduced (<5cm) ☐

Added Sounds: Nil ☑ Widespread crackles ☐ Basal crackles ☐ Wheeze ☐ Rub ☐

Ears

External Canals: Normal ☐ Dermatitis ☐ Fungal infection ☐ Structural abnormality ☐ Wax ☐

Tympanic Membranes: Normal ☑ Effusion ☐ Wet perforation ☐ Dry perforation ☐

Skin

External Canals:	Nil	Mild	Moderate	Severe
Eczema/dermatitis	☐	☑	☐	☐
Psoriasis	☑	☐	☐	☐
Tinea	☐	☑	☐	☐
Solar damage	☐	☐	☐	☐
Folliculitis	☐	☐	☑	☐
Other	☑	☐	☐	☐

Examiners Comments

EEEEEEEEEEEEEEEEEEEEEEEEE

Abdomen

Scars:	Nil	☑	Appendix	☑	Gallbladder	☑	Hernia	☑	Other ☑
Hernial orifices:	Normal	☑	Inguinal hernia	☐	R	☑	L	☑	
Rectus muscles:	Normal	☐	Weak/bulging	☑					

CNS

Muscle tone:	Normal	☑	Reduced	☐			
Muscle power:	Normal	☐	Reduced	☑			
Muscle wasting:	Nil	☑	Present	☐			
Tremor:	Nil	☐	Resting	☑			
Gait:	Normal	☑	Reduced	☐			
Lower limb reflexes:	Normal	☐	Left	Reduced ☑		Normal ☐	Right Reduced ☑

Detail TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT

Neck Function

Posture:	Normal	☐	Scoliosis	☑					
Rhythm:	Normal	☑	Jerky/painful	☐					
Flexion:	Normal	☑	>75%	☐	50-75%	☐	25-50%	☐	<25% ☐
Extension:	Normal	☐	>75%	☐	50-75%	☑	25-50%	☐	<25% ☐
Lateral flexion:	Normal	☑	>75%	☐	50-75%	☐	25-50%	☐	<25% ☐
Rotation:	Normal	☐	>75%	☐	50-75%	☑	25-50%	☐	<25% ☐

Back Function

Posture:	Normal	☐	Scoliosis	☐	Kyphosis	☐			
Rhythm:	Normal	☑	Jerky/painful	☐					
Flexion:	Normal	☐	>75%	☐	50-75%	☐	25-50%	☐	<25% ☐
Extension:	Normal	☐	>75%	☐	50-75%	☑	25-50%	☐	<25% ☐
Lateral flexion:	Normal	☐	>75%	☐	50-75%	☐	25-50%	☐	<25% ☐
Rotation:	Normal	☐	>75%	☐	50-75%	☑	25-50%	☐	<25% ☐

Examiners Comments

YYYYYYYYYYYYYYYYYYYYYYYYYYY

Limb Function

Mobility:	Normal	Reduced	Painful
Shoulder	☐	☑	☑
Elbows	☑	☐	☑
Wrists	☐	☑	☑
Knees	☐	☑	☑
Ankles	☑	☐	☑

	Normal	Abnormal
Grip Strength	☐	☑
Epicondyles	☑	☐

	Normal	Abnormal
Heel walk:	☐	☑
Duck walk:	☑	☐
Toe walk:	☐	☑

(walk in HALF squat position)

	Normal	Abnormal
Rhomberg's	☑	☐

Any Further Comments on Questionnaire

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Comments on Examination

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Examiner's Name/Stamp

SIGNATURE

Signature

28/10/2014

Date