

Medical Assessment

SECTION 1: Cardiovascular System

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

Examiner Comments

Medical Assessment

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SECTION 4: Respiratory System

| | | |
|-----------------------------|---------------------------------|-----------------------------------|
| Spirometry (see attached) | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Symmetrical Chest expansion | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Auscultation | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |

SECTION 5: Ear, Nose, Throat & Mouth

| | | |
|------------------------------|---------------------------------|-----------------------------------|
| Ears | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Hearing (Refer to Audiogram) | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Nose | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Throat | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Teeth and gums | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |

SECTION 6: Skin

| | | |
|-----------------------------------------------------------------------|------------------------------|-----------------------------|
| Evidence of Skin Disorders (Eczema/dermatitis/ sun damage / other) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Evidence of drug/alcohol abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Evidence of nail biting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Evidence of Scars (Surgical or other) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |