

**Sticker Here**

sfv c dbbdh dff f gg errt rg bhu j jkh jhjh jkh jkh jkh jkhjk h jkh kjhjk kjh hjhjk hl jh jhkjh jh uig ytdf rdr ddd trdc tf gf ghuyjhj iojlmj gb fgfv byhjh nuj hn iujkhn ujhk nuj hnujhnu jh nujh nujh nu jh

**Medical Assessment****SECTION 1: Cardiovascular System**

Height: 150		Weight: 70		BMI: 31	
Waist: 10		Hip: 9		WHR: 1	
Blood Pressure	1 mmHg	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>		<b>BMI Classification:</b> <input type="checkbox"/> Underweight ( <18.5) <input type="checkbox"/> Normal (18.5-24.9) <input type="checkbox"/> Overweight (25.0-29.9) <input checked="" type="checkbox"/> Obese (>30)	
Resting Heart rate	2 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**

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**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/ 2	6/ 3	6/ 4
Near Vision	N/ 5	N/ 6	N/ 7	N/ 8
Colour Vision (Ishihara Test)	Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Score: 12 /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"/>			

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**SECTION 3: Urinalysis**

Protein	<input checked="" type="checkbox"/> Nil	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	<b>Blood Sugar Level</b> 45 mmol/L
Glucose	<input type="checkbox"/> Nil	<input type="checkbox"/> Trace	<input checked="" type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	
Blood	<input type="checkbox"/> Nil	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	


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## 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"/>
<b>Examiner Comments</b> <p>sfv c dbbdh dff f gg errt rg bhu j jkh jhjh jkh jkh jkh jkhjkhjk h jkh kjhjk hkhj hjhjk hl jh jhkjh jh uig ytdf rdr ddd trdc tf gf ghuyjhj iojlmj gb fgfv sfv c dbbdh dff f gg errt rg bhu j jkh jhjh jkh jkh jkh jkhjkhjk h jkh kjhjk hkhj hjhjk hl jh jhkjh jh uig ytdf rdr ddd trdc tf gf ghuyjhj iojlmj gb fgfv</p>	

## Medical Assessment

SECTION 10: Cardiovascular Risk Assessment			
<b>AGE:</b> 45		If 55 years or above, proceed to ECG testing	
Risk Factor Checklist		Risk Stratification	
<input checked="" type="checkbox"/> Hypertension (>150/95 mmHg) <input type="checkbox"/> Current Smoker <input checked="" type="checkbox"/> Know High Cholesterol <input type="checkbox"/> Sedentary Lifestyle <input checked="" type="checkbox"/> Family History of Heart Disease <input 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"/> <b>LOW</b>	$\leq$ 1 risk factors
		<input type="checkbox"/> <b>MEDIUM</b>	$\geq$ 3 risk factors
		<input checked="" type="checkbox"/> <b>HIGH</b>	Diagnosed cardiac, pulmonary or metabolic disease <b>OR</b> $\geq$ 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>			
<b>Doctor's Name</b>	Dr. Hanh Nguyen	<b>Signature</b>	
<b>Date</b>	16/12/2014	<b>Location</b>	