

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

☐
☒

1

Peripheral Pulses

☒
☐

2

Veins & Other Vessels

☐
☒

3

3. RESPIRATORY SYSTEM

NORMAL

ABNORMAL

COMMENTS

Symmetrical chest expansion

☐
☒

4

Auscultation

☒
☐

5

Spirometry

☐
☒

6

4. SKIN

NO

YES

COMMENTS

Skin Disorders (Eczema / Dermatitis / Sun Damage / Other)

☒
☐

1

Evidence of Drug / Alcohol Abuse

☐
☒

2

Evidence of Nail Biting

☒
☐

3

Scars (surgical or other)

☐
☒

4

5. EAR / NOSE / THROAT / MOUTH

NORMAL

ABNORMAL

COMMENTS

Ears

☒
☐

1

Nose

☐
☒

2

Throat

☒
☐

3

Teeth and Gums

☐
☒

4

Hearing (Refer to Audiometry)

☒
☐

5

6. GASTROINTESTINAL SYSTEM

NORMAL

ABNORMAL

COMMENTS

Abdomen

☐
☒

1

Hernial Orifices

☒
☐

2

Liver

☐
☒

3

Spleen

☒
☐

4

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7. NERVOUS SYSTEM

NORMAL

ABNORMAL

COMMENTS

Balance and Reflexes



5

Coordination



6

8. URINARY SYSTEM

NORMAL

ABNORMAL

COMMENTS

Kidneys



7

9. GLANDULAR

NORMAL

ABNORMAL

COMMENTS

Lymph glands



1

Thyroid



2

Other



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.