

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 9 Given Names 9

Photo – ID has been sighted (compulsory) Confirmed Not sighted
Hand Dominance Right ☐ Left ☐

Height cms Weight kgs

Urinalysis						Instant Drug Screen			
						-ve	+ve	-ve	+ve
Protein	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+	++	+++				
Comment:						Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	Benzo's <input type="checkbox"/>
Glucose	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+	++	+++	Opiates	<input type="checkbox"/>	<input type="checkbox"/>	Cocain <input type="checkbox"/>
Comment:						Amphet's	<input type="checkbox"/>	<input type="checkbox"/>	Methamph <input type="checkbox"/>
Blood	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	+	++	+++	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Comment:									

Audiogram (please complete OR ☐ attach audio readout)

	500Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right Ear	1	2						
Left Ear	2	34						

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

	FEV1	FVC	PERFR
Pre-Br/dilator			
Pre-Br/dilator			
Is Spirometry satisfactory?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Candidate ever used a puffer?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
If Yes to either of above, was there any respiratory problem?	Y <input type="checkbox"/>	N <input type="checkbox"/>	

Examiners Comments

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Vision

Visual Acuity: Uncorrected: L R Corrected: L R

 6/ 6/ 6/ 6/

Near Vision: N N N N

Visual Fields: Left Right

Normal ☐ ☐

<45° ☐ ☐

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

Cardiovascular

Systolic BP 1 Diastolic BP 2 Pulse 3

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									
gdfg									
Abdomen									
Scars:	Nil <input checked="" type="checkbox"/>	Appendix <input checked="" type="checkbox"/>	Gallbladder <input checked="" type="checkbox"/>	Hernia <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>				
Hernial orifices:	Normal <input type="checkbox"/>	Inguinal hernia <input type="checkbox"/>	R <input checked="" type="checkbox"/>	L <input checked="" type="checkbox"/>					
Rectus muscles:	Normal <input type="checkbox"/>	Weak/bulging <input type="checkbox"/>							
CNS									
Muscle tone:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle power:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Muscle wasting:	Nil <input type="checkbox"/>	Present <input type="checkbox"/>							
Tremor:	Nil <input type="checkbox"/>	Resting <input type="checkbox"/>							
Gait:	Normal <input type="checkbox"/>	Reduced <input type="checkbox"/>							
Lower limb reflexes:	Normal <input type="checkbox"/>	Left Reduced <input type="checkbox"/>	Normal <input type="checkbox"/>	Right Reduced <input type="checkbox"/>					
Detail	fdffs								
Neck Function									
Posture:	Normal <input type="checkbox"/>	Scoliosis <input type="checkbox"/>							
Rhythm:	Normal <input type="checkbox"/>	Jerky/painful <input type="checkbox"/>							
Flexion:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Extension:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Lateral flexion:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
Rotation:	Normal <input type="checkbox"/>	>75% <input type="checkbox"/>	50-75% <input type="checkbox"/>	25-50% <input type="checkbox"/>	<25% <input type="checkbox"/>				
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

Limb Function

Mobility:	<u>Normal</u>	<u>Reduced</u>	<u>Painful</u>		<u>Normal</u>	<u>Abnormal</u>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grip Strength	<input type="checkbox"/>	<input type="checkbox"/>
Elbows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epicondyles	<input type="checkbox"/>	<input type="checkbox"/>
Wrists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Knees	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Ankles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>Normal</u>	<u>Abnormal</u>			<u>Normal</u>	<u>Abnormal</u>
Heel walk:	<input type="checkbox"/>	<input type="checkbox"/>		Rhomberg's	<input type="checkbox"/>	<input type="checkbox"/>
Duck walk:	<input type="checkbox"/>	<input type="checkbox"/>	(walk in HALF squat position)			
Toe walk:	<input type="checkbox"/>	<input type="checkbox"/>				

Any Further Comments on Questionnaire

Comments on Examination

Examiner's Name/Stamp

9

SIGNATURE



Signature

Date