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| **SECTION 1: Cardiovascular System** | | | | | | | | | | | | | |
| Height: | | | | | Weight: | | | | | BMI: | | | |
| Waist: | | | | | Hip: | | | | | WHR: | | | |
| Blood Pressure | | mmHg | | | Normal  Abnormal | | | | | BMI Classification:  Underweight ( <18.5)  Normal (18.5-24.9)  Overweight (25.0-29.9)  Obese (>30) | | | |
| Resting Heart rate | | bpm | | | Normal  Abnormal | | | | |
| Heart Sounds | | | | | Normal  Abnormal | | | | |
| Peripheral Vessels | | | | | Normal  Abnormal | | | | |
| Veins & other Vessels | | | | | Normal  Abnormal | | | | |
| **Examiner Comments** | | | | | | | | | | | | | |
| **SECTION 2: Visual Acuity** | | | | | | | | | | | | | |
| Candidate should be tested wearing visual aids if routinely worn | | | | | | | | | | | | | |
|  | | | Right | | | | Right corrected | | Left | | | Left Corrected | |
| Distance Vision | | | 6/ | | | | 6/ | | 6/ | | | 6/ | |
| Near Vision | | | N/ | | | | N/ | | N/ | | | N/ | |
| Colour Vision (Ishihara Test) | | | Normal  Abnormal  Score: /17 | | | | | | | | | | |
| Peripheral Vision | | | Normal  Abnormal | | | | | | | | | | |
| Visual Aids to be worn at work? | | | Yes  No | | | | | | | | | | |
| **Examiner Comments** | | | | | | | | | | | | | |
| **SECTION 3: Urinalysis** | | | | | | | | | | | | | |
| Protein | Nil | | | Trace | | + | | ++ | | | +++ | | Blood Sugar Level |
| Glucose | Nil | | | Trace | | + | | ++ | | | +++ | | mmol/L |
| Blood | Nil | | | Trace | | + | | ++ | | | +++ | |
| **Examiner Comments** | | | | | | | | | | | | | |

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| ***AFFIX LABEL HERE*** | **Medical Assessment** |

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| **SECTION 4: Respiratory System** | |
| Spirometry (see attached) | Normal  Abnormal |
| Symmetrical Chest expansion | Normal  Abnormal |
| Auscultation | Normal  Abnormal |
| **SECTION 5: Ear, Nose, Throat & Mouth** | |
| Ears | Normal  Abnormal |
| Hearing (Refer to Audiogram) | Normal  Abnormal |
| Nose | Normal  Abnormal |
| Throat | Normal  Abnormal |
| Teeth and gums | Normal  Abnormal |
| **SECTION 6: Skin** | |
| Evidence of Skin Disorders  (Eczema/dermatitis/ sun damage / other) | Yes  No |
| Evidence of drug/alcohol abuse | Yes  No |
| Evidence of nail biting | Yes  No |
| Evidence of Scars (Surgical or other) | Yes  No |
| **SECTION 7: Gastrointestinal & Urinary System** | |
| Abdomen | Normal  Abnormal |
| Hernial Orifices | Normal  Abnormal |
| Liver | Normal  Abnormal |
| Spleen | Normal  Abnormal |
| Kidneys | Normal  Abnormal |
| **SECTION 8: Nervous System** | |
| Balance & reflexes | Normal  Abnormal |
| Coordination | Normal  Abnormal |
| **SECTION 9: Glandular** | |
| Lymph glands | Normal  Abnormal |
| Thyroid | Normal  Abnormal |
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| ***AFFIX LABEL HERE*** | **Medical Assessment** |

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| **SECTION 10: Cardiovascular Risk Assessment** | | | | | | | |
| **AGE:** |  | | | | | | |
| **Risk Factor Checklist** | | | **Risk Stratification** | | | | |
| Hypertension (>150/95 mmHg)  Current Smoker  Know High Cholesterol  Sedentary Lifestyle  Family History of Heart Disease  History of Heart Disease  WHR >0.80 (Women) >0.90 (Men)  AND/OR  Obesity (BMI >30) | | | **LOW** | < 1 risk factors | | | |
| **MEDIUM** | > 2 risk factors | | | |
| **HIGH** | Diagnosed cardiac, pulmonary or metabolic disease **OR** > 1 sign or symptom of Coronary Artery Disease\* | | | |
| GP Clearance to complete exercise testing (if required) | | | | | | | Yes  No |
| \*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. | | | | | | | |
| **Any Further Comments on overall examination** | | | | | | | |
| **Doctor’s Name** | |  | | | **Signature** |  | |
| **Date** | |  | | | **Location** |  | |

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| ***AFFIX LABEL HERE*** | **Medical Assessment** |