

Shaded areas do not require completion

Medical in Confidence

## MEDICAL EXAMINATION REPORT FORM FOR LAPL APPLICANTS

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

(201) Examination Category	(202) Height	(203) Weight	(204) Colour Eye	(205) Colour Hair	(206) Blood Pressure - seated (mmHg)	(207) Pulse - resting
<input type="checkbox"/> Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral					Systolic	Diastolic
						Rate (bpm)
						Rhythm
						<input type="checkbox"/> regular
						<input type="checkbox"/> irregular

Clinical exam: Check each item	Normal	Abnormal	Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen	
(209) Mouth, throat, teeth			(219) Anus, rectum	
(210) Nose, sinuses			(220) Genito-urinary system	
(211) Ears, drums, eardrum motility			(221) Endocrine system	
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints	
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal	
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.	
(215) Lungs, chest, breasts			(225) Psychiatric	
(216) Heart			(226) Skin, identifying marks and lymphatics	
(217) Vascular system			(227) General systemic	

(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity  
(229) Distant vision at 5m /6m

	Spectacles	Contact lenses
Right eye, uncorr.		
Left eye, uncorr.		
Both eyes, uncorr.		

(230) Intermediate vision

	Uncorrected	Corrected
N14 at 100 cm	Yes No	Yes No
Right eye		
Left eye		
Both eyes		

(231) Near vision

	Uncorrected	Corrected
N5 at 30-50 cm	Yes No	Yes No
Right eye		
Left eye		
Both eyes		

(232) Spectacles (233) Contact lenses

☐ Yes ☐ No ☐ Yes ☐ No

Type: Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception

Pseudo-isochromatic plates Type: Ishihara (24 plates)

No of plates: No of errors:

(234) Hearing  
(when 239/241 not performed)

	Right ear	Left ear
Conversational voice test (2 m) with back turned to examiner	Yes No	Yes No
Audiometry		
Hz	500	1000
Right		
Left		

(248) Comments, restrictions, limitations:

### (249) AME declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	AME name and Address:	AME certificate No.:
AME Signature:	E-mail: Telephone No: Telefax No:	

(236) Pulmonary function (237) Haemoglobin

FEV1/FVC \_\_\_\_\_ % \_\_\_\_\_ g/dl

☐ Normal ☐ Abnormal ☐ Normal ☐ Abnormal

(235) Urinalysis

☐ Normal ☐ Abnormal

Glucose	Protein	Blood	Other

Accompanying Reports

	Not performed	Normal	Abnormal Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			

### (247) AME recommendation

Name of the applicant: Date of birth: Reference number:

- .....
- ☐ Fit for medical certificate for LAPL
- ☐ Medical certificate issued by undersigned (copy attached) for LAPL
- ☐ Unfit for class: .....
- ☐ Deferred for further evaluation. If yes, why and to whom?

### (248) Comments, limitations