

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1^A 2^A 3^A APPLICANTS

Medical in Confidence

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.	Corrected to _____	_____
Left eye, uncorr.	Corrected to _____	_____
Both eyes, uncorr.	Corrected to _____	_____

(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	2000	3000
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(239) Audiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(240) Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(241) ORL (ENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(242) Blood lipids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(243) Pulmonary function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(244) Other (what?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(247) AME recommendation

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

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Fit class:

Medical certificate issued by undersigned (copy attached) for class:

Unfit for class:

Deferred for further evaluation. If yes, why and to whom?

(248) Comments, limitations