

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					Systolic	Rate (bpm)
<input type="checkbox"/> Revalidation					Diastolic	Rhythm
<input type="checkbox"/> Renewal						<input type="checkbox"/> regular
<input type="checkbox"/> Special referral						<input type="checkbox"/> irregular

<b>Clinical exam:</b> 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.

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

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

(230) Intermediate vision

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

(231) Near vision

N5 at 30-50 cm	Uncorrected		Corrected	
	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)

Conversational voice test (2 m) with back turned to examiner	Right ear		Left ear	
	Yes	No	Yes	No
Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(248) Comments, restrictions, limitations:

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**(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:

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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**