

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
N	A											
	1. Eyes & Pupils											
	2. E.N.T.											
	3. Teeth & Mouth											
	4. Lungs & Chest											
	5. Cardiovascular System											
	6. Abdo. Viscera											
	7. Hernial Orifices											
	8. Anus & Rectum											
	9. Genito-urinary											
	10. Extremities											
	11. Musculo-skeletal											
	12. Skin & Varicose Vns.											
	13. C.N.S.											
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION						
170	82	28	112 / 80	78 mins.	L N R N Uncorrected Corrected	Normal	DISTANT R L	NEAR R L				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A				
✓	1. Urinalysis								7. Audiogram			
✓	2. Hb, Bloodcount, ESR								8. Lung Function			
✓	3. LFT, RFT, RBS								9. Chest X-Ray			
	4. Drug Screen								10. ECG			
✓	5. Lipids (40 years +)								11. CVS risk for 40 yrs. & above			
✓	6. Sickle Cell test								12. HIV, Hepatitis screening			

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

05/01/2023

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: