



Appendix 33: EX2 Form (Routine/Periodic Medical Examination)
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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 <i>164</i>	WEIGHT kg <i>70</i>	BMI <i>26</i>	B.P. <i>130/80</i> mmhg	PULSE <i>78/mins.</i>	HEARING L N R N	VISION DISTANT R L			NEAR R L	Color Vision ✓ 1. Normal 2. Abnormal
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A				
✓	1. Urinalysis				✓	7. Audiogram				
✓	2. Hb, Blood count, 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.)

Adv. Exercise

ASSESSMENT AND RECOMMENDATIONS:			
<input checked="" type="checkbox"/> FIT ALL AREAS	<input type="checkbox"/> FIT WITH RESTRICTION	<input type="checkbox"/> TEMPORARY UNFIT	<input type="checkbox"/> UNFIT
Date:	Name (Block Capitals): Dr. / Nurse <i>Dr. Attili Rahiman Beaufit</i>		
REVIEW/CONSULTATION			
Date:	Name (Block Capitals): Dr. / Nurse <i>Dr. Attili Rahiman Beaufit</i>		Signature: <i>Attili</i>

