

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
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. Muscula-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.
✓		14. Breasts
		15.

BME-29.8 kg/m²
HR 79 b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R (N) L (N)	NEAR R (N) L (N)	COLOUR VISION (A)	BLOOD GROUP
160	71.2	119/74							

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urimalysis			6. Audiogram
✓		2. Hb Bloodcount ESR			7. Lung Function
✓		3. Sarum Profile			8. Chest X-Ray
✓		4. Stool			9. Drug Screen
✓		5. E.C.G.			10. CR Screen

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

BME-29.8 kg/m²

Adm.

- Regular exercise
- Weight reduction
- Avoid high fat diet
- Repeat FLP after 3 months

ASSESSMENT

FIT ALL AREAS FIT HOME SERVICES ONLY UNFIT/UNSUITABLE MAY BE REASSESSED

Date 05-09-19

Signature



Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister