



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. /min	PULSE /mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT		NEAR R L	Colour Vision	Blood Group
							R	L			
179	84	26	126 / 80	66	L R	Uncorrected Corrected	6	6	6	38	

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:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

06/07/2023 Date: Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature:

