

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. 150 90	PULSE /mins.	HEARING L R N N	VISION	
						DISTANT R L	NEAR R L
165	79	29.0				99	96

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 NA		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

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
Name (Block Capitals) Dr. / Nurse

Monthly BP follow up in sit and Compliance
on medication Adysent.

Signature: 

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: