

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 74/mins.	HEARING L A R A	DISTANT R L		VISION NEAR R L			
177	102	32.6	130/80		Uncorrected Corrected	6/6	6/6	6/6	6/6		
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			

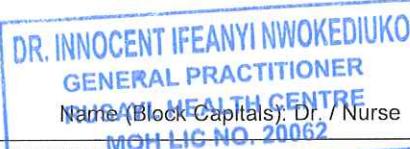
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Dietary Advice and close monitoring of sugar with clinic follow up given.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:



Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: