Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No ✓ (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	✓	✓	✓			
Near	✓	✓	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested   ☑ Normal   ☐ Doubtful   ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)						
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	✓	✓	✓	✓	✓	✓
Left ear	✓	✓	✓	✓	✓	✓

Speech and whisper test (metres)		
	Normal	Whisper
Right ear	✓	✓
Left ear	✓	✓

Height: _____ 56" _____ (cm)   Weight: _____ 74 _____ (kg)

Pulse rate: _____ 76 _____ (/minute)   Rhythm: _____ REGULAR _____

Blood pressure: Systolic: _____ 140 _____ (mm Hg)   Diastolic: _____ 85 _____ (mm Hg)

Urinalysis: Glucose: _____ NIL _____   Protein: _____ NIL _____

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Skin	☑	☐
Sinuses, nose, throat	☑	☐	Varicose veins	☑	☐
Mouth/teeth	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanic membrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Opthalmoscopy	☑	☐	G-U system	☑	☐
Pupils	☑	☐	Upper and lower extremities	☑	☐
Eye movement	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☑	☐
Breast examination N/A	☐	☐	Psychiatric	☑	☐
Heart	☑	☐	General appearance	☑	☐

Chest X-ray: ☐ Not performed   ☑ Performed on (day/month/year): __ 2/6 OCT 2023 __

Results: _____ NORMAL & CLEAR. _____

(CONTROLLED DOCUMENT)