

Appendix I
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						Visual fields	
	Unaided			Aided			Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		
Distant	6/9	6/9	6/9	6/6	6/6	6/6	✓	
Near	✓	✓	✓	✓	✓	✓	✓	

Color vision: Not tested Normal Doubtful Defective

Hearing

	Pure tone and audio metry (threshold values in dB)						Speech and whisper test (metres)	
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper
Right ear	✓	✓	✓	✓	✓	✓	✓	✓
Left ear	✓	✓	✓	✓	✓	✓	✓	✓

Height: 5'5" (cm) Weight: 70 (kg)
Pulse rate: 76 (/minute) Rhythm: REGULAR
Blood pressure: Systolic: 125 (mm Hg) Diastolic: 75 (mm Hg)
Urinalysis: Glucose: NIL Protein: NIL

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

Chest X-ray: Not performed Performed on (day/month/year): 3/0 APR 2024

Results: NORMAL & CLEAR

(CONTROLLED DOCUMENT)