



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)

Table with Visual acuity: Unaided (Right eye, Left eye, Binocular) and Aided (Right eye, Left eye, Binocular) for Distant and Near vision.

Table with Visual fields: Normal and Defective for Right eye and Left eye.

Color vision: [] Not tested [x] Normal [] Doubtful [] Defective

Hearing

Pure tone and audio metry (threshold values in dB)

Table for Pure tone and audio metry with frequencies: 500 Hz, 4,000 Hz, 2,000 Hz, 3,000 Hz, 4,000 Hz, 6,000 Hz for Right and Left ears.

Speech and whisper test (metres)

Table for Speech and whisper test with Normal and Whisper for Right and Left ears.

Height: 5'10" (cm)

Weight: 78 (kg)

Pulse rate: 96 (/minute)

Rhythm: REGULAR

Blood pressure: Systolic: 140 (mm Hg)

Diastolic: 90 (mm Hg)

Urinalysis: Glucose: NU

Protein: NIL

Large table for physical examination with columns for Normal and Abnormal for various body parts like Head, Sinuses, Mouth, Ears, Eyes, Heart, Skin, etc.

Chest X-ray: [] Not performed [x] Performed on (day/month/year): 03 APR 2024

Results: NORMAL & CLEAR

(CONTROLLED DOCUMENT)