



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						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: 55 (cm)

Weight: 73 (kg)

Pulse rate: 84 (/minute)

Rhythm: REGULAR

Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: N/L Protein: N/L

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

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 11 JAN 2021

Results: NORMAL

(CONTROLLED DOCUMENT)