



MEDICAL EXAMINATION REPORT

MEDICAL IN CONFIDENCE

Name:					Age:		Medical Class:		
(1) Examination	(2) Height	(3) Weight	(4) Eye Colour	(5) Hair Colour	(6) Blood Pressure – seated		(7) Pulse – resting		
Initial	cm	Kg			Systolic (mmHg)	Diastolic (mmHg)	Rate (bpm)		
Renewal									
Special (CAMB, reinstatement)		BMI				Rhythm	Reg	Irreg	

Clinical examination:	Normal	Abnormal
(8) Head, face, neck, scalp		
(9) Mouth, throat, teeth		
(10) Nose, sinuses		
(11) Ears, drums, eardrum motility		
(12) Eyes - orbit & adnexa; visual fields		
(13) Eyes - pupils and optic fundi		
(14) Eyes - ocular motility; nystagmus		
(15) Lungs, chest, breasts		
(16) Heart		
(17) Vascular system		

	Normal	Abnormal
(18) Abdomen, hernia, liver, spleen		
(19) Anus, rectum		
(20) Genito-urinary system		
(21) Endocrine system		
(22) Upper & lower limbs, joints		
(23) Spine, other musculoskeletal		
(24) Neurologic - reflexes, etc.		
(25) Psychiatric		
(26) Skin, identifying marks and lymphatics		
(27) General systemic		

(28) Notes: Describe every abnormal finding. Enter applicable item number before each comment.	(29) Identifying marks, tattoos, scars etc.
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Visual acuity

(30) Distant vision:

At 6m	Uncorrected	Corrected to	Glasses	Contact lenses
Right eye				
Left eye				
Both eyes				

(31) Intermediate vision:

N14 at 100 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(32) Near vision:

N5 at 30-50 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(38) Urinalysis:	Normal	Abnormal	(39) Haemoglobin:
Glucose	Protein	Blood	Other
			g/dL

(40) Mental health aspects of fitness discussed? Yes No

(41) Behavioral aspects of fitness discussed? Yes No

(42) Physical aspects of fitness discussed? Yes No

(43) Preventive health advice given? Yes No

(33) Glasses:

Yes	No
Type	
Refraction	
Right eye	
Left eye	

(34) Contact lenses:

Yes	No
Type	
Sph	
Cyl	
Axis	
Add	
Right eye	
Left eye	

Accompanying Reports	Normal	Abnormal/Comment	Not performed
(44) ECG			
(45) Audiogram			
(46) Other			

(35) Colour perception:

Normal	Abnormal
Pseudo-isochromatic plates	Type: Ishihara (24 plates)
No of plates:	No of errors:

(47) DME recommendation:

Name of applicant:	Date of Birth:
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(36) Hearing: (when (37) not performed)

	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes No	Yes No

Fit Class	
Medical certificate issued Class:	
Unfit Class:	State reason:
Deferred for further evaluation. If yes, why and to whom?	

(37) Audiometry screening:

Hz	500	1000	2000	3000	4000	6000	8000
Right							
Left							

(48) Comments, limitations:

(49) Medical Examiner declaration:
I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(50) Place and date:	Examiner's Name and Address: (Block Capitals)	CAAM DME Stamp:	For official use:
Medical Examiner's signature:	E-mail: Tel: Mobile:		