

Medical Examination Report form class 1, class 2, class 3 & CC applicants

MEDICAL IN CONFIDENCE

(201) Examination Category	(202) Height	(203) Weight	(204) Colour Eye	(205) Colour Hair	(206) Blood pressure-seated (mmHg)		(207) Puls - resting	
Initial <input type="checkbox"/>	cm	kg			Systolic	Diastolic	Rate (bpm)	Rhytm
Renewal <input type="checkbox"/>								Regular.: :
Revalidation <input type="checkbox"/>								Irregular.: :
Special referral <input type="checkbox"/>								

Clinical examination: Check each item		Normal	Abnormal	Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito – urinary system		
(211) Ears, drums, eardrum, motility			(221) Endocrine system		
(212) Eyes – orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes – pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes – ocular motility; nystagmus			(224) Neurologic - reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemiic		
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

Visual acuity

(229) Distant vision at 5m/6 m

	Uncorrected		Spectacles		Contact lenses	
Right eye		Corrected to				
Left eye		Corrected to				
Both eyes		Corrected to				

(230) Intermediate vision

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

(231) Near vision

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

(232) Spectacles		(233) Contact lenses	
Yes	No	Yes	No
Type:		Type:	

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Pseudo-isochromatic plates:	Type: Ishihara (24 plates)	
No of plates:	No of error:	

(234) Hearing (when 239 / 241 is not performed)

	Right ear	Left ear		
Conversational voice test (2m) with back turned to examiner	Yes No	Yes No		
Audiometry				
Hz	500	1000	2000	3000
Right ear				
Left ear				

(249) AME declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place:	Date:	AME name and adress:	AME certificate No.:
AME signature:			
E-mail:	Telephone No.:	Telefax No.:	

(236) Pulmonary function

FEV ₁ /FVC: _____ / _____ (L/min)	_____ (mmol/L)
Normal	Abnormal
Normal	Abnormal

(235) Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Glucose	Protein	Blood	Other

Accompanying Reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			
At all initials add info from own practitioner or similar about applicants previous disease and previous medication.			
(247) AME recommendation:			

Name of applicant:	CPR No:
Date of birth:	
Fit for class:	
Medical certificate issued by undersigned (copy attached) for class:	
Unfit for class:	
Deferred for further evaluation. If yes, why and to whom?	
(248) Comments, limitations:	