

Medical Examination Report form class 1, class 2 & class 3 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 Renewal Revalidation Special referral	cm	kg			Systolic	Diastolic	Rate (bpm)	Rhytm Regular.: Irregular.:

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 systemic		

(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	Left eye	Corrected to		Corrected to	
Right eye						
Left eye						
Both eyes						

(230) Intermediate vision

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

(231) Near vision

	Uncorrected		Corrected	
	Yes	No	Yes	No
N5 at 30-50 cm				
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 Abnormal

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

Conversional voice test (2m) with back turned to examiner	Yes No	Yes No
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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 address:	AME certificate No.:
AME signature:			
E-mail:		Telephone No.:	Telefax No.:

(236) Pulmonary function

(237) Haemoglobin

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

(235) Urinalysis

Normal

Abnormal

Glucose	Protein	Blood	Other
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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:	Date of birth:	CPR No:
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:		