

Medical Examination To be completed by medical examiner only

1 GENERAL MEASUREMENTS

Height: \_\_\_\_\_ cm    Wight \_\_\_\_\_ kg    BMI \_\_\_\_\_    Waist Circum. \_\_\_\_\_ cm

2. Cardiovascular System

Blood pressure

1	2	3
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Finding	Normal		Comments
	Y	N	
Position of apex beat			
Heart sounds			
Added sounds			
Peripheral pulses			
Carotid bruits			
Palpable aneurysms			

Electrocardiograph (if required)

Normal      Yes       No       Comments \_\_\_\_\_

3. Respiratory System

Chest Circum. (Insp) \_\_\_\_\_ cm      Chest Circum. (exp) \_\_\_\_\_ cm

Finding	Normal		Comment/Value
	Yes	No	
Breath sounds			
Peak flow			
FEV1			
Mouth and upper airway			

4. Gastrointestinal System

Finding	Yes	No	Comments
Is there any organomegaly or masses			
Are there any hernia			
Any abdominal scars			
Rectal examination (if req.)			

5. Genitourinary system (if requested)

Finding	Normal		Comments
	Yes	No	
External genitalia			
Breasts			
Prostate			
Vaginal Examination			

Urinalysis

Protein	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>
Glucose	<input type="checkbox"/>	<input type="checkbox"/>
Nitrates	<input type="checkbox"/>	<input type="checkbox"/>
Leucocytes	<input type="checkbox"/>	<input type="checkbox"/>
Urobilinogen	<input type="checkbox"/>	<input type="checkbox"/>

6: Musculoskeletal System

Normal

Finding	Yes	No	Comment
Cervical spine rotation (> 30 degree from midline)			
Back movement			
Hip movement			
Shoulder movement			
Knee movement			
Muscle power and tone			
Straight leg raise			

7. Psychiatric and neurological

Normal

Finding	YES	NO	Comments
Appearance			
Affect			
Behaviour			
Pupillary reflex			
Tremor			
Reflexes			
Sensation			
Romberg's Test			

8: Vision

Glasses            Yes    No                    Contact Lenses    Yes    No

Colour Vision Examination (24 Plate Ishihara Test)    Normal    Yes    No    Comments \_\_\_\_\_

Visual acuity

Distance ( 6 Metre Snellen Chart)

	Right	Left	Both
Without Correction	6/	6/	6/
With Correction	6/	6/	6/

Close Vision

	Right	Left	Both
Without Correction	N	N	N
With Correction	N	N	N

**9: Ear, nose and Throat**

**Normal**

Finding	YES	NO	Comments
Intraoral and dental			
Tympanic membranes			
Nose structure and airway patency			
Tongue and palate			

**Basic audiogram (not in totally sound proof conditions)**

	0.5kHz	1.0kHz	1.5kHz	2.9kHz	3kHz	4kHz	6kHz	8kHz
Right								
Left								

Hearing normal Yes  No  Comments \_\_\_\_\_

**Summary of abnormal Findings:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Further Tests**

CXR Yes No  
 Drug and Alcohol Screen Yes No  
 Formal Audiogram Yes No  
 Spirometry Yes No  
 Blood assays Yes No Details \_\_\_\_\_

Applicant advised to see usual treating doctor YES NO Reason \_\_\_\_\_

<b>COMPLETED BY:</b>	<b>DATE:</b>
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Signature _____	