



"MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

Header section containing fields for (201) Examination category, (202) Height, (203) Weight, (204) Colour eye, (205) Colour hair, (206) Blood pressure-seated (mmHg), and (207) Pulse - resting.

Clinical exam table with columns for Normal and Abnormal findings. Items include (208) Head, face, neck, scalp; (209) Mouth, throat, teeth; (210) Nose, sinuses; (211) Ears, drums, eardrum motility; (212) Eyes - orbit & adnexa; visual fields; (213) Eyes - pupils and optic fundi; (214) Eyes - ocular motility; nystagmus; (215) Lungs, chest, breasts; (216) Heart; (217) Vascular system; (218) Abdomen, hernia, liver, spleen; (219) Anus, rectum; (220) Genito-urinary system; (221) Endocrine system; (222) Upper & lower limbs, joints; (223) Spine, other musculoskeletal; (224) Neurologic - reflexes, etc.; (225) Psychiatric; (226) Skin, identifying marks and lymphatics; (227) General systemic.

Visual acuity

(229) Distant vision at 5m/6m table with columns for Uncorrected, Spectacles, and Contact lenses for Right eye, Left eye, and Both eyes.

(230) Intermediate vision table with columns for Uncorrected and Corrected (Yes/No) for N14 at 100 cm for Right eye, Left eye, and Both eyes.

(231) Near vision table with columns for Uncorrected and Corrected (Yes/No) for N5 at 30-50 cm for Right eye, Left eye, and Both eyes.

(232) Spectacles and (233) Contact lenses section including Yes/No checkboxes and a refraction table with columns for Sph, Cyl, Axis, and Add for Right eye and Left eye.

(313) Colour perception section including Normal/Abnormal checkboxes and fields for Pseudo-isochromatic plates (Type: Ishihara (24 plates)) and No of plates/errors.

(234) Hearing section including (when 239/241 not performed) Right ear/Left ear Yes/No checkboxes for Conversational voice test (2m) with back turned to examiner, and an Audiometry table with columns for Hz (500, 1000, 2000, 3000) for Right and Left ears.

(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.

Signature and contact information section including (250) Place and date, AME signature, AME name and address, AME certificate No., E-mail, Telephone No., and Telefax No.

(236) Pulmonary function

(236) Pulmonary function and (237) Haemoglobin section including FEV1/FVC % and Normal/Abnormal checkboxes.

(235) Urinalysis section including Normal/Abnormal checkboxes and fields for Glucose, Protein, Blood, and Other.

Accompanying reports

Accompanying reports table with columns for Not performed, Normal, and Abnormal/Comment. Items include (238) ECG, (239) Audiogram, (240) Ophthalmology, (241) ORL (ENT), (242) Blood lipids, (243) Pulmonary function, and (244) Other (what?).

(247) AME recommendation:

(247) AME recommendation section including Name of applicant, Date of birth, Reference number, and checkboxes for Fit for class, Medical certificate issued by undersigned, Unfit for class, and Deferred for further evaluation.

(248) Comments, limitations

(248) Comments, limitations section for providing additional notes.