

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Height: cm. _____ Weight: kg. _____

Skin: _____ :

SIGHT, MEASURED VISUAL ACUITY (Please enter numerical values when applicable)

Gross vision _____ Left _____ Pupils: Equal? _____ Regular? _____

Vision with spectacles : Right _____ Left _____

Near vision _____ Left _____ Colour vision: _____

With correction _____ Left _____

HEARING

Right : Normal : _____ Sufficient: _____ Insufficient: _____

Left : Normal : _____ Sufficient: _____ Insufficient: _____

Ear drum : Right : _____ Left: _____

NOSE-MOUTH-NECK

Nose : _____ Pharynx : _____ Teeth : _____

Tongue : _____ Tonsils : _____ Thyroid : _____

CARDIOVASCULAR SYSTEM (Please enter numerical values for pulse and blood pressure)

Peripheral arteries

Pulse rate : _____ Auscultation : _____ -carotid : _____

Rhythm : _____ Blood pressure : _____ -posterior tibial : _____

Apex beat : _____ Varicose veins : _____ -dorsalis pedes : _____

Electrocardiogram: _____

RESPIRATORY SYSTEM

Thorax

Breasts:

DIGESTIVE SYSTEM

Spleen: _____

Abdomen : _____ Hernia: _____

Liver : _____

MENTAL STATE

Appearance: _____ Behaviour: _____

Other: _____

GENITO-URINARY SYSTEM

Kidneys: _____ :

SKELETAL SYSTEM

Skull : _____ Upper extremities: _____

Spine: _____ Lower extremities: _____

INVESTIGATIONS & RESULTS

CBC _____
U&E _____
Blood glucose _____
Cholesterol _____
Urinalysis _____
Chest Xray _____
Mantoux _____
EKG _____

Summary of Medical Examination

State any relevant findings and diagnosis:

Referrals and treatment (if any):

Recommendations (including vaccinations):

Further investigations required: _____

Conclusions and Recommendations

I certify that in my opinion the applicant is (circle where appropriate).

- 1- Fit for registration
- 2 -Fit for registration but with modification
- 3- Temporarily unfit. Re-examine on ____ / ____ / ____
- 4- Unfit

Remarks: _____

.....
Name of physician

STAMP

.....
Signature

Date.....