



**MEDICAL EXAMINATION REPORT FORM
FOR CLASS 1, CLASS 2, CLASS 3 & C/C APPLICANTS**

MEDICAL IN CONFIDENCE

(201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure-seated (mmHg) Systolic Diastolic	(207) Pulse - resting Rate (bpm) Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/>
Clinical exam: 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/6m

	Uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) Intermediate vision

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

(231) Near vision

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

(232) Spectacles

Yes No Type: _____

(233) Contact lenses

Yes No Type: _____

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception

Pseudo-isochromatic plates: No of plates: _____ Type: Ishihara (24 plates) No of errors: _____

(234) Hearing

(when 239/241 not performed)

Conversational voice test (2m) with back turned to examiner	Right ear	Left ear
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(236) Pulmonary function

FEV ₁ /FVC _____ %	(237) Haemoglobin _____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(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?)			

(247) AME recommendation:

Name of applicant: _____ Date of birth: _____ Reference number: _____

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**

(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 and date:	AME name and address:	AME certificate No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	