Part I : Medical History

(To be completed by attending Physician)

		Yes	No	
1.	HIV / Aids			
2.	Tuberculosis			
3.	Malaria			
4.	Leprosy			
5.	Sexually Transmitted Diseases			
6.	Bronchial Asthma			
7.	Heart Disease			
8.	Hypertension			
9.	Diabetes Mellitus			
10.	Peptic Ulcer			
11.	Kidney Disease			
12.	Cancer			
13.	Epilepsy			
14.	Psychiatric Illness			
15.	Hearing Problem			
16.	Hepatitis			
17.	Allergy			
18.	Family Medical History			
19.	Smoker			About ____ Stick Per day
20.	Others			

Patient's Signature

Date

Patient's Name :

IC No :

Part II : Physical Examination

(To be completed by examining doctor / physician)

SECTION A : GENERAL PHYSICAL EXAMINATION

1. Height : ________ cm 2. Weight : ________ kg 3. Pulse : ________ / min

BMI : __________

4. Blood Pressure : Systolic : ____________ mm Hg Diastolic : __________ Mm Hg

		Present	Absent	
5.	Chronic Skin Rash	☐	☐	________
6.	Anaesthetic Skin Patch	☐	☐	________
7.	Deformities Of Limbs	☐	☐	________
8.	Anaemia	☐	☐	________
9.	Jaujdice	☐	☐	________
10.	Vision Test :	**Right**	**Left**	
	Unaided	☐	☐	________
	Aided	☐	☐	________
11.	Hearing Impairment	☐	☐	________
12.	Colour Blindness	☐	☐	________

SECTION B : SYSTEM EXAMINATION

		Normal	Abnormal	
1.	Cardiovascular System			
	1.1 Heart Size	☐	☐	________
	1.2 Heart Sounds	☐	☐	________
	1.3 Other Findings			

____

____

Patient's Name : ____________________

IC No : ____________________

2. Respiratory System

	Normal	Abnormal	
2.1 "Breath Sounds"			

2.2 Other Findings

3. Gastrointestinal

	Normal	Abnormal	
3.1 Liver			
3.2 Spleen			
3.3 Kidney			

3.4 Is There Any Abnormal Swelling? Yes / No Indicate if 'Yes'

3.5 Rectal Examination			

4. Nervous System And Mental Status

	Normal	Abnormal	
4.1 General Mental Status			
4.2 Speech			
4.3 Cognitive Function			
4.4 Size Of Peripheral Nerves			
4.5 Motor Power			
4.6 Sensory			
4.7 Reflexes			

5. Examination of The Genitourinary System

	Yes	No	
5.1 Discharge			
5.2 Sores / Ulcers			

Patient's Name :

IC No :

Part III : Laboratory Results, X-Ray Findings & Other Investigation

1. Urine Examination

   1.1 Urine (UFEME)

   Colour : ______________ Specific Gravity : ______________ pH : __________

	Negative	Positive
Sugar (Glucose)	☐	☐
Protein (Albumin)	☐	☐
Ketone	☐	☐
Urobilinogen	☐	☐
Leucocyte	☐	☐
Blood	☐	☐
Nitrite	☐	☐

1.2 Urine Opiates / Morphine	Positive	Negative	Not Done
1.3 Urine Cannabis	Positive	Negative	Not Done
1.4 Urine Pregnancy	Positive	Negative	Not Done

Kindly find details result as per laboratory report attached.

2. Chest X- Ray   Not Done   Done   Date : ________________

   RN : ________________

	Normal	Abnormal
Heart	☐	☐
Lungs	☐	☐
Thorax	☐	☐

3. Other Tests / Investigation

   3.1 ____

   3.2 ____

   3.3 ____

   3.4 ____

   3.5 ____

Patient's Name : ________________________________

IC No : ________________________________

Part IV : Certification By Physician / Doctor

1. CONCLUSION

Comment :

____

____

____

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____

From the medical history given, clinical examination, I am of the opinion that the above person is medically

FIT	UNFIT

for the occupation specified.

____

Signature Of Physician / Doctor

____

Date

Name And Qualification Of Physician / Doctor

____

____

____

Address Of The Physician / Doctor

____

____

____

Patient's Name : _______________________

IC No : _______________________