

183 Riccarton Road, Christchurch 8041 Ph: 03 348 8989 Fax: 03 348 8618

Δ m -	olicant Name:					DOB:		
]		
Loc	ation:	Sex: F		M				
Pos	ition Applied for:							
Pos	Position Activities:							
ME	DICAL HISTORY							
1.	What is your general s	state of hec	alth?			Very good 🗌	Good 🗌	Fair 🗌
2.	Are you receiving any have you received m						Yes 🗌	No 🗌
2a.	If Yes, for what condit	ion/s:						
3.	Have you ever suffere	d any worl	k-related ir	ijuries or	conditions, etc.?		Yes 🗌	No 🗌
	Year	Ir	njury/Cond	ition				
	Year	 Ir	njury/Cond	ition				
	Year	 Ir	njury/Cond	ition				
4.	Have you suffered an	y other inju	ries/condit	ions the	It required medical	treatment?	Yes 🗌	No 🗌
4a.	If Yes, what and wher	۶ı						
_								
5.	Do you wear glasses/						Yes 🗌	No
6.	Have you ever worke required to wear hea			ent or a	n environment wher	e you have been	Yes 🗌	No 🗌
	Noise Exposu	re History:	Pre	sent Oc	cupation	(Years / Months)		
			Se	condar	y Employment			
			Pre	evious Ei	mployment			
			Mi	litary Se	rvice			
			No	isy Hobk	pies			
	HEARING HEALTH HIST	ORY			Details:		L	
	Diseases affecting he	aring:	Yes 🗌	No 🗌				
	Ear or Head Injuries:		Yes 🗌	No 🗌				
	Family History of Hear	ing Loss:	Yes 🗌	No 🗌				
	Recent Ear Ache or D	-	Yes 🗌	No 🗌				
	Have you a Hearing L	-	Yes 🗌	No 🗌				
	Other Comments:		_	_				



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7.	Have you ever be	en refused life ins	surance or a job	becau	se of poor health?		Yes	No	
8.	Any family history	of major illness lik	e diabetes, hear	t disea	se, epilepsy etc?		Yes	No	
,	On average, how	r many times a we	eek do you do e>	kercise	Ş				
	Less than once		1 to 2]	At least 3				
	Describe activity:								
10.	Do you drink alco	hol?					Yes	□ No	
	No. of years:				Standard drink	s per w	veek:		
					(1 drink = 25	0ml be	er, 125ml win	ə or 30ml liqu	Jor)
11.	Do you smoke?				Yes 🗌		No 🗌	Ex-smoke	r 🗌
	What types:				Cigarette 🗌		Cigars 🗌	Pipe	• 🗌
	No. of years:				No. per day:				
12.	Have you ever ho	ad (tick box if Yes)	:						
	Epilepsy, fits, faint	ing attacks			Rheumatism, arth	ritis, joi	nt disease		
	Paralysis or stroke				Hernia				
	Mental illness, dep	pression, nervous l	oreakdown		Neck and back p	roblen	n		
	High blood pressu	re or heart proble	em		Tendinitis, tenosyr	novitis,	RSI		
	Asthma, TB, pneu	monia or any che	est condition		Cancer of any kir	nd			
	Peptic ulcer, hep	atitis, pancreatitis	, bowel disease		Any skin disorder				
	Varicose veins				Allergy to medico	ation or	- chemicals		
	Hearing, speech	and sight change	S		Any infectious dis	ease			
	Diabetes, kidney	or thyroid trouble			Any operations				
	Any Gynaecolog	ical problems			Others				
	If yes, please write	e details:							
13.	Have you had an	y of the following	vaccinations:						
	Tetanus (ADT)	Yes 🗌	Date:					Nc	
	Hepatitis A	Yes 🗌	Date:					Nc	
	Hepatitis B	Yes 🗌	Date:					No	
	BCG	Yes 🗌	Date:					No	
	Other:		Date:						

Declaration:

The information given above by me to the medical examiner is correct and honest to the best of my knowledge. I also agree to release any of this information in the report to my prospective employer if necessary.

Signature



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PHYSICAL EXAMINATION

Otitis Media Yes No Yes No Perforation of eardrum Yes No Yes No Scarred eardrum Yes No Yes No Audiogram Yes No Yes No Audiogram % % % % Colour Vision: Normal Abnormal % % Vision: LEFT RIGHT % Distance: Without Glasses / / % Charlth Without Glasses / / % Near: Without Glasses Normal Abnormal Normal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Irregular Mormal Hear: /min	Heigh	nt:	cm	n Weight:		kgs	BM	I (Body Mo	ass Index)		
Sugar Yes No Drugs Detected Yes No Any evidence of eczema/dermatitis or other skin disorder? Yes No If yes, describe:	Urinal	lysis:	Pro	tein	Yes	No 🗌			=		
Drugs Detected Yes No 1. SKIN Any evidence of eczema/dermatifis or other skin disorder? Yes No If yes, describe:			Bloc	od	Yes 🗌	No 🗌					
1. SKIN Any evidence of eczema/dematifis or other skin disorder? Yes No If yes, describe:			Sug	jar	Yes 🗌	No 🗌					
Any evidence of eczema/dematitis or other skin disorder? Yes No If yes, describe:			Dru	ugs Detected	Yes 🗌	No 🗌					
If yes, describe: 2. EARS Colifis Externa Otifis Externa Otifis Externa Otifis Externa Otifis Media Yes No Yes	1.	SKIN									
 2. EARS LEFT RIGHT Otitis Externa Yes No Yes No Yes No Yes No Perforation of eardrum Yes No Yes No Perforation of eardrum Yes No Yes No Scarred eardrum Yes No Yes No Scarred eardrum Yes No Yes No Yes No Yes No Yes No Audiogram Hearing Loss (Audiogram report attached) % <li< th=""><th></th><th>Any evidenc</th><th>e of eczema/dermatit</th><th>tis or other skin dis[,]</th><th>order?</th><th></th><th></th><th>Y</th><th>′es 🗌</th><th>No 🗌</th></li<>		Any evidenc	e of eczema/dermatit	tis or other skin dis [,]	order?			Y	′es 🗌	No 🗌	
LEFT RGHT Offitis Externa Yes No Yes No Offitis Media Yes No Yes No Perforation of eardrum Yes No Yes No Scarred eardrum Yes No Yes No Audiogram Yes No Yes No Hearing Loss (Audiogram report attached) % % % Colour Vision: Normal Abnormal % Vision: LEFT RIGHT % Distance: Without Glasses / / / Chard: Normal Abnormal Normal Abnormal Abnormal Near: Without Glasses / / / / With Glasses Normal Abnormal Normal Abnormal Abnormal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Main Abnormal </th <th></th> <th>lf yes, descrik</th> <th>эе:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		lf yes, descrik	эе:								
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Perforation of eardrum Yes No Yes No Scarred eardrum Yes No Yes No Audiogram Hearing Loss (Audiogram report attached) % % % 3. EYES Colour Vision: Normal Abnormal % Vision: LEFT RIGHT % Distance: Without Glasses / / (Snellen With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal With Glasses Normal Abnormal Normal Abnormal Abnormal Vith Glasses Normal Abnormal Normal Abnormal Irregular With Glasses Normal Abnormal Normal Abnormal Irregular With Glasses Normal Abnormal Normal Irregular Irregular Golod Pressure: / // // // //			1					-			
Scarred eardrum Yes No Yes No Audiogram Hearing Loss (Audiogram report attached) % % % 3. EYES Colour Vision: Normal Abnormal % % Vision: LEFT RIGHT Distance: % / % Distance: Without Glasses / / / % Near: With Glasses / / / Abnormal Abnormal Abnormal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Abnormal Abnormal Abnormal Irregular Irregular 4. CARDIOVASCULAR SYSTEM			of eardrum								
Audiogram Mearing Loss (Audiogram report attached) % % S. EYES Colour Vision: Normal Abnormal Vision: LEFT RIGHT Distance: Without Glasses / / Charly: With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal Near: With Glasses Normal Abnormal Normal Abnormal Vear: With Glasses Normal Abnormal Normal Abnormal Vear: With Glasses Normal Abnormal Normal Abnormal Vear: With Glasses Normal Abnormal Normal Irregular Pulse Rate: /min Mormal Abnormal Details: Irregular Blood Pressure: /minHg /ming Normal Normal Normal						_					
Hearing Loss (Audiogram report attached) % % 3. EYES Colour Vision: Normal Abnormal Vision: LEFT RIGHT Distance: Without Glasses / / Snellen With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Image: Abnormal With Glasses Normal Abnormal Normal Image: Abnormal Image: Abnormal<							_				
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Colour Vision: Normal Abnormal Vision: LEFT RIGHT Distance: Without Glasses / / (Snellen ochart) With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal Near: Without Glasses Normal Abnormal Normal Abnormal Image: Character: Normal Abnormal Distance: Image: Character: /min Regular Image: Character: /min Regular Image: Character: /min Regular Image: Character: /min Regular Image: Character: /min Metails: /min Regular Image: Character: /min Metails: /min Metails: Blood Pressure: //min //min /min Metails: //min /min /min <th min<="" th=""> /min /mi</th>	/min /mi	3.	EYES								
Distance: Without Glasses / / (Snellen chart) With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal Wear: With Glasses Normal Abnormal Normal Abnormal Abnormal Near: With Glasses Normal Abnormal Normal Abnormal Abnormal Hear: With Glasses Normal Abnormal Details: Abnormal Abnormal Abnormal Hear: Character: Normal Abnormal Details: Irregular Irregular Blood Pressure: / mmHg Media Media Media Media			ו:	Normal	Abnorr	nal 🗌					
(Snellen chart) With Glasses / / Near: Without Glasses Normal Abnormal Normal Abnormal With Glasses Normal Abnormal Normal Abnormal Abnormal Mear: With Glasses Normal Abnormal Normal Abnormal Mear: With Glasses Normal Abnormal Normal Abnormal Mear: Vith Glasses Vith Glasses Vith Glasses Normal Normal Abnormal Mear: Vith Glasses Vith Glasses Vith Glasses Vith Glasses Vith Glasses Normal Normal Normal Abnormal Normal Norm		Vision:			LEFT			RIGH	T		
 Abnormal Abnormal Normal Abnormal I CARDIOVASCULAR SYSTEM Pulse Rate: Character: Normal Abnormal Details: Blood Pressure: (min Regular Integular Integular) 		Distance:	Without Glasses		/			/			
With Glasses Normal Abnormal Normal Abnormal 4. CARDIOVASCULAR SYSTEM /min Regular Irregular Pulse Rate: /min Regular Irregular Character: Normal Abnormal Details: Blood Pressure: / mmHg			With Glasses		/			/			
4. CARDIOVASCULAR SYSTEM Pulse Rate: Character: Normal Abnormal Details: Blood Pressure: / mmHg		Near:	Without Glasses	Normal [Abnor	mal 🗌	Ν	iormal 🗌	Abno	rmal 🗌	
Pulse Rate: /min Regular Irregular Character: Normal Abnormal Details: Blood Pressure: / mmHg			With Glasses	Normal [] Abnor	mal 🗌	Ν	lormal 🗌	Abno	rmal 🗌	
Character: Normal Abnormal Details: Blood Pressure: / mmHg	4.	CARDIOVAS	CULAR SYSTEM								
Blood Pressure: / mmHg		Pulse Rate:			/r	nin	Re	əgular 🗌	Irreç	gular 🗌	
-			Character:	Normal [] Abnorr	nal 🗌 🛛 🛛	Details:				
		Blood Pressur	re:		/	m	mHg				
		Abn	ormal Heart Sound:				Details: _				
Ankle oedema: Yes No		Ankl	le oedema:								
Varicose veins: Left Leg 🗌 Right Leg 🗌		Vario	cose veins:	Left Leg [Right I	Leg 🗌					
5. RESPIRATORY SYSTEM	5.	RESPIRATORY	(SYSTEM								
Thyroid enlargement: Yes No		Thyroid enlar	rgement:			No 🗌					
Neck glands: Normal 🗌 Abnormal 🗌		Neck glands	:	Normal [Abnorr	mal 🗌					
Chest Clear: Yes No											
Air entry: Normal Reduced Left Right		Air entry:		Normal		ced 🗌	Left 🗌	ı r	Right [
Mini Spirometry: Fev1 Fvc Fev1/Fvc Pevr		Mini Spirome	etry:	Fev1	Fvc		Fev1/Fvc		Pevr		



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GASTRO-INTESTINAL SYSTE	M			
Mouth:	Normal 🗌	Abnormal 🗌	Details	
Tongue:	Normal 🗌	Abnormal 🗌	Details:	
Throat:	Normal 🗌	Abnormal 🗌	Details:	
Abdominal scar:	Yes 🗌	No 🗌	Details:	
Hernia:	Yes 🗌	No 🗌	Site:	
NERVOUS SYSTEM				
Sensation:	Normal 🗌	Abnormal 🗌	Details:	
Tremor:	Yes 🗌	No 🗌	Site:	
MUSCULOSKELETAL SYSTE/	И			
Spine	Normal	Abnormal 🗌		
Scar:	Yes 🗌	No 🗌		
Range of Movement:				
Cervical spine:	Normal 🗌	Abnormal 🗌	Details:	
Thoracic spine:	Normal 🗌	Abnormal 🗌	Details:	
Lumbar spine:	Normal 🗌	Abnormal 🗌	Details:	
Tenderness along the spine:	Yes 🗌	No 🗌	Site:	
Arms				
Any deformity, tendernes				
Shoulder:	Yes 🗌	No 🗌	Details:	
Elbows:	Yes 🗌	No 🗌	Details:	
Wrists:	Yes 🗌	No 🗌	Details:	
Hands:	Yes 🗌	No 🗌	Details:	
Legs				
Any deformity, tendernes				
Hips:	Yes 🗌	No 🗌	Details:	
Knees:	Yes 🗌	No 🗌	Details:	
Ankles:	Yes 🗌	No 🗌	Details:	
Any comments or other c	bnormalities detect	ed on examinatic	n:	

9. URINE DRUG SCREEN	(see report attached)
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10. ALCOHOL BREATH TEST

Result Negative: Result Positive:

(0.00g/100mL) g/100mL)

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Applicant Name:		DOB:	
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This page is to be sent to the prospective employer upon completion of the medical assessment. Please also send the full report to the Company contact detailed below.

The examining doctor / registered nurse has examined the person nominated above and considers him/her:

FIT to perform the required duty.

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FIT to perform the required duty but the following is recommended:

UNFIT to perform the required duty because:

1. Risk of injuring other workers.

2. Risk of injuring himself / herself.

3. Inability to carry out work.

However, he / she would be able to carry out the work if the following service or facilities were made available:

UNABLE to assess because:

1. Applicant unwilling to provide information.

2. Applicant unable to provide information.

3. Further tests or information is required.

If prospective employer is willing to go ahead, please send applicant back for further assessment.

The examining doctor / registered nurse wishes to make it known that the purpose of this examination and the consequent recommendation expressed is to assess the physical capabilities for the required position and in the interest of prevention of industrial injury. The success of this person's application for employment is determined by the employer.

Name of Examining Doctor / Registered Nurse:

Signature

Date