



MEDICAL-IN-CONFIDENCE
NEW ZEALAND DEFENCE FORCE
MEDICAL EXAMINATION RECORD

MD911
ENCLOSURE

PART 1 – PERSONAL DETAILS: – Applicant to complete Parts 1 to 3 and 5 to 6. Please tick the applicable box or column.

Surname..... First Name(s):.....	
Date of Birth/...../.....	Male <input type="checkbox"/> Female <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> TF/Reserves <input type="checkbox"/>
Branch/Trade/Corps:.....	Overseas Candidate <input type="checkbox"/>
Full Residential Address:	Contact Numbers:
	Tel Home:
	Tel Work:
	Tel Mobile:
	Email:

PART 2 – PREVIOUS SERVICE:

Have you ever been released or turned down from a Defence or Armed Force on Medical Grounds?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever served in any Defence or Armed Force? If YES give details below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Service	Country	Duration of Service	Year Discharged	Service Number

PART 3 – PURPOSE AND PRIVACY STATEMENT:

The information in this questionnaire has been collected for the purpose of determining your medical fitness for service in the New Zealand Defence Force. Irrespective of the trade for which you are applying, you are required to meet a minimum standard of medical fitness so that you may be deployed on active service. This is an essential requirement of service, since the New Zealand Defence Force is raised, maintained and trained for combat, under the Defence Act 1990. Accordingly, your medical fitness will be assessed to determine whether or not you are able to satisfactorily perform the duties of a uniformed member of the New Zealand Defence Force without risk or harm to yourself or others. The information contained in this questionnaire is considered 'Medical-in-Confidence' and will only be accessed by the personnel of the New Zealand Defence Force Medical Services.

PART 4 – PREVIOUS SERVICE: Medical officer to complete

	Y N
Previous medical documents available.	<input type="checkbox"/> <input type="checkbox"/>
Significant medical history noted.	<input type="checkbox"/> <input type="checkbox"/>

If the applicant has had previous service in a Defence or Armed Force do the relevant medical documents reveal any history which may preclude acceptance now? **Y / N** (Circle)

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PART 5 – MEDICAL HISTORY: *If you have difficulty answering any of these questions, you may ask for assistance.*

		Yes	No			Yes	No
1.	Have you any health problems at present?			23.	Bed-wetting after age 8		
2.	Have you any disability at present?			24.	Severe headaches or migraine		
3.	Are you receiving any medical treatment at present?			25.	Head injury, concussion or unconsciousness		
4.	Have you consulted a doctor in the last 12 months?			26.	Fainting attacks or blackouts		
5.	Do you often take tablets or medicines including herbal remedies or exercise supplements?			27.	Fits, epilepsy or 'Turns'		
6.	Have you ever been sick off work or school for more than a month?			28.	Eye trouble or wear glasses or contact lenses		
Have you ever had, or have now?				29.	Sleepwalking or frequent nightmares		
7.	An operation or been a patient in a hospital			30.	Psychological problems (depression, anxiety, panic attacks, eating disorders etc)		
8.	Nose, sinus or throat trouble			31.	Backache, spinal injury, disc trouble, sciatica or lumbago		
9.	Deafness or discharging ears			32.	Any broken bones		
10.	Hay fever			33.	Any knee or ankle injury, or any problems with your legs		
11.	Any skin complaint, (e.g. eczema)			34.	Any hand, wrist, elbow, shoulder injuries, or any problems with your arms		
12.	Asthma, wheezing, night cough, or shortness of breath			35.	Swollen or painful joint		
13.	Bronchitis or pleurisy or other lung problems			36.	Motion or travel sickness		
14.	Coughing up of blood			37.	Rheumatic Fever		
15.	High blood pressure			38.	Severe reaction to a drug or injection		
16.	Heart trouble of any kind or heart valve problem			39.	Any tropical disease (e.g. Malaria)		
17.	Diabetes			40.	Rejected for or deferred medical or life assurance.		
18.	Recurrent indigestion or stomach ulcer			41.	Been unable to work due to sensitivity to chemicals, dust or other medical reasons		
19.	Vomiting blood or bleeding from the back passage			Females Only			
20.	Recurrent diarrhoea or dysentery			42.	Are your periods abnormal?		
21.	Hernia or rupture			43.	Have you ever had an abnormal smear?		
22.	Kidney or bladder disease			44.	Are you or have you ever been pregnant?		
45.	Are there any other medical conditions not mentioned above which you believe need to be brought to our attention? <i>(Please List):</i>						

PART 6 – STATEMENT BY APPLICANT

I declare that to the best of my knowledge my answers to the questions in this application are true and correct. I understand that if any false information is given or if any material facts are not provided by me, I may not be enlisted or, if I am enlisted, I may be discharged. I authorise any agency holding any medical records or documents relevant to me, to release such information to the New Zealand Defence Force medical authorities.

Signature: Date:

Witness Signature: Name: Date:

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PART 7 – NOTES ON HISTORY: (Examining Medical Officer to complete – enter relevant number from Part 5 before each comment).

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HEALTH HABITS:

46. Average No of (standard) alcoholic drinks consumed per week.	47. Amount of tobacco used.	48. Amount and type of strenuous physical activity per week.	49. Any illicit drug use (type/frequency)?
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PART 8 – MEDICAL EXAMINATION: (Examining Medical Officer to complete).

50.	Physical: Height: _____ Eye Colour: _____ Natural Hair Colour: _____ Weight: _____			
	BP: _____ Distinguishing marks - scars, tattoos etc: _____			
51.	Urinalysis	Alb: _____	Sugar: _____	Blood: _____
52.	Physique: Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> .		53. Frame: Large <input type="checkbox"/> Medium <input type="checkbox"/> Small <input type="checkbox"/>	
54.	H	Ears: General - Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		Frequency Hz: (or see attached Audiogram) <input type="checkbox"/>
		Tympanic Membranes: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		(L) dB
				(R) dB
55.	E E	Visual Acuity:	Uncorrected	Corrected
			R	L
			6 /	6 /
Which Test used: Snellen <input type="checkbox"/> Titmus <input type="checkbox"/>		Which Test Used: Ishihara <input type="checkbox"/> Other <input type="checkbox"/>		

QUESTIONS 60 - 88: N = Normal A = Abnormal (PLEASE NOTE ANY CATEGORY THAT IS NOT EXAMINED)

		N	A			N	A			N	A
	P			66.	Anal area.			L			
56.	Nose, sinuses.			67.	Pilonidal area.			76.	Spine – cervical, thoracolumbar, sacral.		
57.	Head, face, neck, scalp.			68.	External genitalia (including hydrocoele & varicocoele).			77.	Lower limbs: Kneel, squat and stand without difficulty.		
58.	Mouth, throat.			69.	Endocrine system.			78.	Hips, knees, ankles.		
59.	Teeth, gums.			70.	Skin.			79.	Gait.		
60.	Eyes – general.			71.	Lymphatic system.			80.	Varicose veins.		
61.	Eyes – movement.			72.	CNS reflexes.			81.	Flat feet, pes cavus, etc.		
62.	Heart, sounds.			73.	Posture.			MS			
63.	Vascular system.			U				82.	Tremor.		
64.	Chest, lungs.			74.	Upper limbs: Able to reach overhead and do press-ups (both arms) without difficulty.			83.	Speech.		
65.	Abdomen: Solid organs, hernia.			75.	Shoulders, elbows, wrists & hands.						

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PART 8 – MEDICAL EXAMINATION: (Continued from previous page).

Notes: Comment on any abnormal findings and suitability for military service, include any significant family history that may require surveillance. Training and employment require a high standard of physical (e.g. must be able to jog for 2 miles carrying a medium sized pack) and psychological fitness. In some cases further specialist opinion may be required, but the final decision will be made by the relevant Senior Medical Officer.

Examining Doctor: I confirm that I have examined this applicant as described above.

...../...../.....
 (Signature) (Name) (Rank) (Appointment) (Date)

Recruit notified of problems requiring further evaluation or precluding service: Yes (listed below) No Not applicable

NZDF Recruit Vaccination Form MD1187 Attached Y N (Confirmation will not be completed without MD1187)

CP		P	U	L	H	E	E	M	S	A	G	Z	R
HT	WT	P											
		U											
BMI		L											
		S											

PART 9 – CONFIRMING AUTHORITY:

Comments:

Additional tests or reports completed (if required) to establish suitability for military service (to be conducted at applicants expense).

Please List:.....

If over 35yo: Fasting Glucose / Exercise Tolerance ECG (if clinically indicated) completed Y N

ACCEPTED RE-ENLISTMENTS FURTHER INFORMATION REQUESTED FOR WAIVER PROCESS
 DECLINED MD910A SIGHTED FROM WHO:.....

...../...../.....
 (Signature) (Name) (Rank) (Appointment) (Date)

SINGLE SERVICE MEDICAL DIRECTOR RISK REPORT ATTACHED



MEDICAL-IN-CONFIDENCE (When completed)
NZDF VACCINATION HISTORY

MD 1187

Contact Details: (Recruit)		Please complete ALL fields in this section	
FULL name (printed):			
Home / Postal address:			
Email:			
Pvt Phone:		Mobile:	
Date of birth:		NHI Number: *	

* This can be obtained from your GP and is required for your NZDF medical record; it makes sure you are correctly matched with your health record.

IMPORTANT

Please complete **both pages** of this form and **take it with you to your NZDF MEDICAL EXAMINATION**. Failure to complete this form correctly (i.e. if it is incomplete or unsigned) may result in a delay, causing you to miss your course.

Unless directed by NZDF, the recruit will pay for any vaccinations and any part charges made by the GP for vaccinations.

- You are required to be vaccinated against the following diseases before joining the NZDF:**
Measles, Mumps Rubella, Tetanus, Diphtheria, Polio, Hepatitis B,
- You can confirm whether you are immune/vaccinated history by completing the following page and by attaching any of the following: (Please circle one or more and complete and/or sign the second page of this form)

Y / N	A copy of your vaccination record from your GP or from your early childhood book (e.g. Plunket book).
Y / N	A copy of your serology results proving immunity.
Y / N	You, or your Parent or Guardian (if you are under 18), or your doctor or nurse circling each vaccine listed, the year the vaccination was given or 'NO' if not given. NB: If a Parent or Guardian, they must also sign the declaration on page 2 of this form.
Y / N	A Statement, note, report or letter from yourself (if over 18) OR your doctor or nurse.

If you HAVE completed your childhood vaccinations in NZ you may have received all of these. In childhood these vaccinations are usually given in combinations, so check with your GP if you are unsure. They can also help you complete this form.

If you have NOT completed all your childhood vaccinations in NZ you may only need a few vaccinations to complete the requirement. Contact your GP to check and then to complete any requirements. They can also help you complete this form.

If you have completed your childhood vaccinations OVERSEAS you may have had most of these vaccinations (they are usually given in combinations). However, you may require a few additional vaccines, for example Hep B which is not routinely given in all countries. Contact your GP to check and then to complete any requirements. They can also help you complete this form.

If you are unsure about ever being vaccinated, please see your GP as soon as possible to ensure you don't miss your 'course start date'. If you require further information **please contact your Candidate Coordinator immediately**.

- Recruit Medical Doctor:** Please enclose this form with the completed MD911 (Medical Examination Record), vision, audiology reports and your invoice and return them to the nominated NZDF address as soon as possible. Unless directed by NZDF, the recruit will pay for any vaccinations and any part charges made by the GP for vaccinations.

NZDF VACCINATION HISTORY

Recruits FULL name (printed):		Date of birth:	NHI Number:
Childhood Vaccinations (Required prior to joining)			
Diphtheria	Dates given:	Please provide dates (and any notes if necessary)	
Pertussis	Dates given:		
Tetanus	Dates given:		
Polio	Dates given:		
Hepatitis B	Dates given:	Dose 1	Dose 2 Dose 3
MMR	Dates given:	Dose 1	Dose 2

OTHER vaccinations (NOT required prior to joining)			
Hepatitis A	YES /NO	Dose 1	Dose 2
Typhoid	YES /NO	Dose 1	Booster/s
Meningococcal	YES /NO	Dose 1	Booster/s
Rabies	YES /NO	Dose 1	Dose 2 Dose 3 Booster/s
Cholera	YES /NO	Dose 1	Dose 2 Booster/s
Yellow Fever	YES /NO	Dose 1	
Females only: HPV	YES /NO	Dose 1	Dose 2 Dose 3
MeNZB	YES /NO	Dose 1	Dose 2 Dose 3
Other	Name:	Dose/s	

Statement by Applicant or Parent/Guardian

I certify that to the best of my knowledge the information provided is true and correct. Relationship: SELF / Parent / Guardian / GP / Dr / Nurse (circle)

Name: _____ Signature: _____ Date: _____

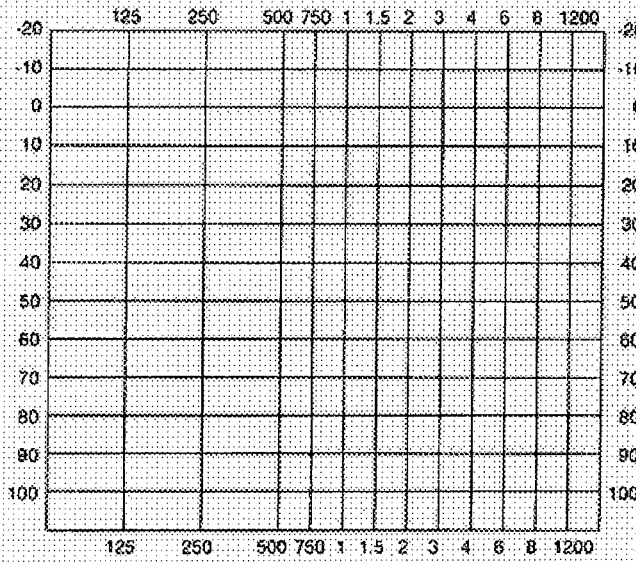
Purpose and Privacy Statement
 The information contained in this questionnaire is considered 'Medical-in-Confidence' and will only be accessed by NZDF recruiting and health personnel acting on behalf of NZDF or Veterans' Affairs New Zealand. The information will be held by NZDF. You may request access to this information or the opportunity to correct it at any time.

NZDF Administration ONLY: Refer Health Policy Directive 115/11 NZDF Vaccination 2/2

NZ ARMED FORCES AUDIOGRAM CHART

1. NUMBER:	2. RANK:	3. SURNAME:	4. INITIALS:
5. SHIP, CAMP OR BASE:		6. CORPS:	7. BRANCH/TRADE:
8. AGE:	9. SERVICE:		10. HOURS FLOWN: (if applicable)

11. FREQUENCY AND HEARING LOSS



- 12. AIR CONDUCTION:**
 o Right ear (Red)
 x Left ear (Blue)
- 13. AIR CONDUCTION WITH MASKING:**
 Δ Right ear with db masking
 in left ear
 □ Left ear with db masking
 in right ear
- 14. BONE CONDUCTION:**
 > Right ear (Red)
 < Left ear (Blue)
- 15. BONE CONDUCTION WITH MASKING:**
 ► Right ear with db masking
 in left ear
 ◄ Left ear with db masking
 in right ear

16. PITCH DISCRIMINATION:
 17. EFFICIENCY TEST:
 18. SISI TEST:

19. PREDICTED LOSS FOR SPEECH:

Left	Right
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20. AIR-BONE GAP:

	500	1000	2000	4000
Left				
Right				

21. REMARKS:

22. RECORDED BY:	23. DATE:
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