

Chest:

Heart Rate & Rhythm:	Blood Pressure:
Heart Sounds:	
Chest percussion & auscultation:	

Spirometry:

Abdomen:

Palpable mass:	Hernia:	Organomegaly:
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Urinalysis:

Protein:	Glucose:	Blood:
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Musculoskeletal:

Cervical & Lumber Spine:

Posture:	Deformity?
Full range of movement?	

Upper Limbs:

Lower Limbs:

Neurological:

Gait:	Co-ordination:	Muscle wasting:
Patellar Reflexes:	Pupillary reflexes:	

Skin:

Eczema:	Psoriasis:	Acne:
Other skin rash:		

Summary:

Is the applicant fit to perform the proposed job duties? _____

Please list any abnormal findings:

Signed: _____ **Date:** ____/____/____

Mullingar Medical Centre

Medical Assessment

Name: _____

Address: _____

Date of Birth: ____/____/____ Age: _____ Marital Status: _____

Own Doctor / G.P.: _____

Position: _____

Please answer the questions below placing yes or no in the boxes and provide further information where appropriate on yes answers.

1. General Medical History

- 1. Hospital admission
- 2. Any other serious illness
- 3. Surgical operation
- 4. Family history of illness
- 5. Any recent medication
- 6. Any known allergies

2. Habits

- 1. Do you smoke?
- 2. Did you ever smoke?
- 3. No. cigs per day
- 4. Do you drink alcohol?
- 5. No. units per week
- 6. Do you exercise?
- 7. Alcoholism
- 8. Drug addiction
- 9. Illegal drug use

3. Eye, Ear, Nose & Throat:

- 1. Vision Defect
- 2. Hay Fever
- 3. Hearing Loss
- 4. Colour blindness
- 5. Sinusitis
- 6. Buzzing / ringing in ears
- 7. Other eye problems
- 8. Tonsillitis
- 9. Ear Infections

4. Respiratory System:

- 1. Asthma
- 2. Wheeze
- 3. Pneumothorax
- 4. Bronchitis
- 5. Shortness of breath
- 6. Tuberculosis
- 7. Pneumonia
- 8. Coughing blood
- 9. Other lung disease

5. Glandular System:

- 1. Diabetes
- 2. Thyroid disease
- 3. Other glandular disease

6. Cardiovascular System:

- 1. High blood pressure
- 2. Palpitations
- 3. Rheumatic fever
- 4. Chest pain
- 5. Anaemia
- 6. Other heart disease

7. Musculoskeletal System:

- 1. Back pain or injury
- 2. Neck pain or injury
- 3. Upper limb pain or injury
- 4. Other musculoskeletal problem
- 5. Lower limb pain or injury

8. Skin:

- 1. Dermatitis
- 2. Eczema
- 3. Skin allergy
- 4. Psoriasis
- 5. Other skin problem

9. Digestive System:

- 1. Weight loss
- 2. Stomach/duodenal ulcers
- 3. Heartburn
- 4. Bloating Abdomen
- 5. Passing Blood
- 6. Passing Mucus
- 7. Jaundice
- 8. Hepatitis
- 9. Recurring constipation
- 10. Recurring diarrhoea
- 11. Special diet
- 12. Other digestive disease

10. Genito-Urinary Systems:

- 1. Kidney disease
- 2. Urinary tract infections
- 3. Females:
 - Normal smear test?
 - Breast self-examination?
 - Menstrual problems
- 4. Males:
 - testicular self-examination?

11. Neurological System:

- 1. Blackouts
- 2. Recurring headaches
- 3. Anxiety
- 4. Fainting attacks
- 5. Migraine
- 6. Depression
- 7. Epilepsy
- 8. Mental health disorder

12. Occupational History

- 1. Workplace injury
- 2. Manual handling accident
- 3. Exposure to loud noise
- 4. Off work for more than 7 days in the last 2 years
- 5. Workplace illness
- 6. Chemical accident
- 7. Previous hearing test
- 8. Failure to pass a previous medical examination
- 9. Use of respirator(s)
- 10. Use firearms

Signed: _____ Date: ___/___/___

I have voluntarily completed this questionnaire and I certify that the answers are accurate. I understand that it is necessary that I declare all relevant medical details to protect my health and that of other employees.

Signed: _____ Date: ___/___/___

This file is confidential and will be retained in Mullingar Medical Centre.

Examination Results

General:

Appearance:		
Height:	Weight:	BMI:

Head & Neck

Ears:	Nose:	Throat:
Mouth & Teeth:	Glands:	Goitre:

Audiometry results:

Eyes:

Appearance:	Fundi:	Fields:
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Vision:	Right	R-corrected	left	L-corrected
Distant:				
Intermed:				
Near:				
Ishihara:				