



TASWORKHEALTH

**OCCUPATIONAL HEALTH
REHABILITATION
AND
INJURY MANAGEMENT
SERVICES**

**Dr. John O’Sullivan
& Associates**

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MEDICAL EXAMINATION

SURNAME: **GIVEN NAMES:**

ADDRESS: **Post Code**

JOB CLASSIFICATION:

DATE OF BIRTH: **Weight** **Height** **BMI**

VISION

Visual Acuity	Left 6/	Right 6/
Corrected	Left 6/	Right 6/
Near Vision	Left 6/	Right 6/
Corrected	Left 6/	Right 6/
Visual Fields	.....
Ishihara Test	.....
Fundi	.....
Pupils	.....

GENERAL APPEARANCE

Anaemia	.....	Y/N
Cyanosis	.....	Y/N
Jaundice	.....	Y/N
Evidence of drug abuse	.....	Y/N
Evidence of alcohol abuse	.....	Y/N
Lymphadenopathy	Y/N
Skin appearance normal	Y/N

Please comment on any abnormal findings

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MENTAL STATE

Personality normal Y/N
Speech normal Y/N

Please comment on any abnormal findings
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NERVOUS SYSTEM

Cranial nerves 1 - x 11 intact Y/N
Rhombberg's sign positive Y/N

Please comment on any abnormal findings
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LIMBS

Power normal Y/N
Tone normal Y/N
Co-ordination normal Y/N
Reflexes normal Y/N
Sensation normal Y/N
Plantars downgoing Y/N

Please comment on any abnormal findings
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MUSCULOSKELETAL SYSTEM

Joint deformity Y/N
Limb deformity Y/N
Abnormality cervical spine Y/N
Abnormality thoracic spine Y/N
Abnormality lumbar spine Y/N
Muscle wasting Y/N
SLR Left.....degrees Right.....degrees

Please comment on any abnormal findings
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NUTRITION

Normal Y/N

Please comment on any abnormal findings
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ABDOMEN/GASTRO-INTESTINAL SYSTEM

Hernia	Y/N
Abdominal scars	Y/N
Organomegaly	Y/N
Abdominal tenderness	Y/N
Masses	Y/N
Abnormality of oral cavity	Y/N

Please comment on any abnormal findings

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INVESTIGATIONS (if indicated)

Vitalograph (report attached)			
FEV1	measured	predicted	result
FVC	measured	predicted	result
Chest x-ray (report attached)			result
Audiogram (report attached)			result
Liver Function Test			result
Full blood count			result
Urine	Specific Gravity		result
	Sugar		result
	Protein		result
	Blood		result

Please comment on any abnormal findings.....

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CARDIO RESPIRATORY SYSTEM

Abnormal airway	Y/N	
Displaced apex beat	Y/N	
Chest deformity	Y/N	
Finger clubbing	Y/N	
Normal air entry	Y/N	
Normal breath sounds	Y/N	
Normal peripheral pulses	Y/N	
Heart sounds normal	Y/N	
Murmur	Y/N	
Varicose veins	Y/N	
Blood pressure	Systolic	Diastolic
	Pulse Rate	Rhythm

Please comment on any abnormal findings

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EARS

Drums normal Y/N
Canals normal Y/N
Throat normal Y/N

Please comment on any abnormal findings
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ENDOCRINE

Thyroid gland palpable Y/N
Any other evidence of endocrine disease Y/N

Please comment on any abnormal findings
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EVALUATION

Medically fit Y/N

Comments
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Limitations
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Dr. John O'Sullivan

Date and place

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Signature