

MEDICAL EXAMINER'S REPORT-JUVENILE POLICY

(This side to be completed only when Payer Benefit Provision is applied for)

Part 2. EXAMINATION OF ADULT APPLICANT (examine heart and lungs on bare skin)

APPLICANT'S NAME :	HEIGHT (in low shoes)	WEIGHT (without coat)	CHEST (force inspiration)	CHEST (force expiration)	ABDOMEN (at umbilicus)	
1. (a) Are you personally or professionally acquainted with the applicant? If so, how long? (b) Is appearance unhealthy (such as pale, icteric, edema, etc.) or older than stated age? (c) Do you suspect any abnormal mentality behavior or alcohol abuse or drug addict? (d) Are there any identification marks (such as scars, birthmarks) etc.)?			Yes / No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DETAILS of "Yes" answers. (Identify Item)	
2. Do you find any evidence of past or present disease or abnormality of:- (a) Respiratory system (lungs, pleural, chest wall)? (b) Central or peripheral nervous system (including reflexes, gait, paralysis)? (c) Genito-urinary system? (d) Abdomen (including stomach, liver, spleen, hernias)? (e) Skin, bones or joints (including varicose veins, deformities, lameness, amputations)? (f) Eyes, ears, nose, throat and mouth (including impairment of sight or hearing)? (g) Thyroid or other endocrine glands or metabolic and haemopoietic systems?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3. BLOOD PRESSURE (If over 140 systolic or 90 diastolic record 3 readings)						
Systolic						
Diastolic (5th Phase)						
4. PULSE			At Rest After Exercise 3 Minutes Later			
Rate Per Minute						
Irregularities Per Minute						
(a) Exercise only if irregular pulse, heart murmur or BP over 150/100 (b) If pulse rate over 90/min or BP over 140/90 reexamine after 5 minutes while applicant is at rest (c) If pulse rate is less than 60/min reexamine after exercise for 5 minutes						
5. HEART : Apex Beat located at..... Is there any (a) Arteriosclerosis or aneurysm? (b) Hypertrophy or oedema? (c) Murmur-(If murmur is present, describe below)? Location [] apex [] base-over.....area Timing [] systolic [] diastolic [] presystolic Intensity [] soft [] moderate [] loud Transmission [] none [] axilla [] scapula After exercise [] absent [] decreased [] unchanged [] increased Diagnosis : Do you suspect any abnormality in the heart or vascular system?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
6. URINALYSIS :						
Appearance (Colour, Turbidity)	Sp. Gr.	Protein	Sugar	Occult Blood	Other (specify)	
If abnormal finding present, please send for microscopic urinalysis, If available.						
7. (a) Are you aware of any unfavourable features likely to affect his/her longevity (i) in the personal or family history? (ii) disclosed by your medical examination? (b) Do you recommend any additional tests or reports?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

I hereby certify that I have made this examination in private at.....

on this.....day of.....20.....at.....AM/PM

Signature.....(MB.BS.)

DOCTOR - PLEASE CHECK YOUR REPORT FOR OMISSIONS.

()

Licence No.....