

WESSEX MEDICALS- CONDO MEDICAL

Patient Name:

DOB:

N = Normal A = Abnormal, please describe		PHYSICAL EXAMINATION (comments)
N	A	
	1. HEENT (Head/eyes/ear, nose & throat)	
	2. Lungs & Chest	
	3. Cardiovascular System	
	4. Abdo. Viscera/Hernial Orifices	
	5. Genito-urinary/Anus and Rectum	
	6. Extremities	
	7. Musculo-skeletal	
	8. Skin & Varicose Veins	
	9. Central Nervous System	
	10. Other (on indication)	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION NEAR R L Uncorrected Corrected	DISTANT R L	COLOR VISION	BLOOD GROUP n/a
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N	A	AS INDICATED	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	OPTIONAL COUNTRY VISA REQUIREMENTS
		1.cholesterol LFT glu c/e's FBP				1. Chest X-ray
		2. Urine analysis				2. HIV
		3.ECG				3. Syphilis (e.g. VDRL)
		4.Spirometry				4. Hep B surface antigen
		5. Ophthalmology				5. Hep C antibody
						6. ESR (or CRP)
						7. Urine analysis
						8. Other

PLEASE ATTACH COPIES OF IMPORTANT SPECIALIST REPORTS OF CURRENT INTEREST

ASSESSMENT AND RECOMMENDATIONS –

_____ is:

- Fit Worldwide (Corporate)
- Fit Restricted
- Temporarily Unfit (see correspondence)
- Fit Worldwide Remote Locations

Physician:

Date:

Signature & Affix Stamp:
