



Are the following normal, without unusual features? Please tick:				<b>Yes</b> <b>No</b>		<b>NOTES:</b> Describe below <b>every</b> abnormality in detail. Use and attach continuation sheets if necessary.	
6.1	ENT (inc Eust tube, nasal air entry)	<input type="checkbox"/>	<input type="checkbox"/>				
6.2	Speech satisfactory	<input type="checkbox"/>	<input type="checkbox"/>				
6.3	Conversational Voice Test at 2m	<input type="checkbox"/>	<input type="checkbox"/>				
6.4	Audiogram Normal (if required)	<input type="checkbox"/>	<input type="checkbox"/>				
7	Heart (size, rhythm, sounds)	<input type="checkbox"/>	<input type="checkbox"/>				
8	Vascular system	<input type="checkbox"/>	<input type="checkbox"/>				
9	Lungs & chest	<input type="checkbox"/>	<input type="checkbox"/>				
10	Abdomen and viscera (including hernia)	<input type="checkbox"/>	<input type="checkbox"/>				
11	Lymphatic system - spleen, lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>				
12	Endocrine system	<input type="checkbox"/>	<input type="checkbox"/>				
13	Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>				
14	Skin (indicate identifying marks, scars, tattoos)	<input type="checkbox"/>	<input type="checkbox"/>				
15	Locomotor system	<input type="checkbox"/>	<input type="checkbox"/>				
16	Neurological examination (reflexes, equilibrium senses, co-ordination, etc)	<input type="checkbox"/>	<input type="checkbox"/>				
17	Psychiatric examination	<input type="checkbox"/>	<input type="checkbox"/>				
18.1	Urinalysis - No Glucose	<input type="checkbox"/>	<input type="checkbox"/>				
18.2	Urinalysis - No Protein	<input type="checkbox"/>	<input type="checkbox"/>				
<b>19. Routine Spirometry</b>	<b>Predicted</b>	<b>Recorded</b>					
FVC (l)			<b>20. Routine Test Dates:</b> Last lipids:				
FEV1 (l)			ECG:      Spirometry:				
FEV1/FVC (%)			<b>Other Info Attached:</b>				
PEFR (l/min)			Audio <input type="checkbox"/> Spec. Eye <input type="checkbox"/> Lipids/BS <input type="checkbox"/> CXR <input type="checkbox"/>				
			<b>21. Do you know the Applicant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
			If not, indicate below the type & number of ID used:				
			Driving Licence <input type="checkbox"/> Passport/Airport Security <input type="checkbox"/> Other <input type="checkbox"/>				
			Type _____      Number _____				
<b>22.</b> Any other relevant reports, findings, concerns or comments:							
<b>ME STAMP</b>	<i>Print Examiner's Name and Address</i>		<b>23. Medical Examiner's Declaration:</b> I hereby certify that I personally identified and examined the applicant named on this medical report and that this report with any attached notes embodies my examination completely and correctly.  ME signature _____      Date: _____				