



# Compulsory Driver's Medical Examination

(All details must be supplied with signatures and all questions answered)

Name

Male  Female

- 1. Present Weight  kgs 2. Height  cms 3. Age
- 4. Have you any defect in sight? *(attach details)* Yes  No
- 5. Are you presently receiving medical treatment? *(attach details)* Yes  No
- 6. Are you, or have you been in receipt of a sickness benefit or Worker's Compensation Payment? *(attach details)* Yes  No
- 7. Have you any physical defects? *(describe)* Yes  No

- 11. Epilepsy or fits? Yes  No
- 12. Weak heart or heart disease? Yes  No
- 13. Shortness of breath or dizziness? Yes  No
- 14. Swelling of ankles? Yes  No
- 15. Chronic Cough or Sputum? Yes  No
- 16. Tuberculosis? Yes  No
- 17. Digestion or stomach disorders? Yes  No
- 18. Frequent diarrhoea or dysentery? Yes  No
- 19. Deafness or discharging ear? Yes  No
- 20. Asthma or severe Hayfever? Yes  No
- 21. Diabetes? Yes  No
- 22. Frequent Headache or migraine? Yes  No
- 23. Mental illness or Nervo us Breakdown? Yes  No
- 24. Any other illness or medical condition? *(Attach details)* Yes  No
- 25. Have you had any previous medical condition? *(Attach details)* Yes  No

**Have you ever suffered from any of the following:**

- 8. High Blood pressure? Yes  No
- 9. Blood in urine or faeces? Yes  No
- 10. Rheumatic Fever, Rheumatism, Joint Pain or frequent headache? Yes  No

**Declaration**

I declare that all answers are true and correct. I agree to advise HRV of any change that may occur in my medical condition.

Signature

*Please Sign*

Date

*Please Date*

## Medical Practioners Report (Medical Practioners Use Only)

General Appearance	Is there any hernia?	Nervous System
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ear, Nose & Throat	Gland Areas	Lungs
<input type="text"/>	<input type="text"/>	<input type="text"/>
Abdomen	Condition of spine, limbs, joints	
<input type="text"/>	<input type="text"/>	
<b>BLOOD PRESSURE</b> Systolic <input type="text"/> mmHg	Diastolic <input type="text"/> mmHg	
<b>CONDITION OF HEART</b> Size <input type="text"/> Sounds <input type="text"/>	Rhythm <input type="text"/>	Pulse Rate <input type="text"/>
<b>EYES</b> Uncorrected R6/ <input type="text"/> Uncorrected L6/ <input type="text"/>	Corrected R6/ <input type="text"/>	Corrected L6/ <input type="text"/>
<b>HEARING</b> Right <input type="text"/> Left <input type="text"/>	<b>URINE</b> Glucose <input type="text"/>	Albumin <input type="text"/>
Detail any relevant aspects of history: <input type="text"/>		

## Examiners Statement NB: Please ensure you tick the appropriate fitness category

The applicant is: fit to drive:  unfit to drive:  requires referral to HRV Medical Panel to determine driving fitness:

Name and address or examining doctor

Signature

Date