

# Medical Assessment Record

Case reference		Examiner		Date	
<div></div>		<div></div>		<div></div>	

Section 1 - Candidate Details

First name		Surname		DOB	
<div></div>		<div></div>		<div></div>	
ID type e.g. Driving Licence, Passport, Employee card, Sentinel card		Unique ID number		PTS only Do they have a Sentinel card?	
<div></div>		<div></div>		NO <input type="checkbox"/> YES <input type="checkbox"/>	
				If Yes - is card endorsed? <input type="checkbox"/> →	
				Endorsement type e.g. symbol <div></div>	

Section 2 - Questionnaire & Medical Requirements - REFER TO ORDER & COMPLETED QUESTIONNAIRE

D & A test required? NO ☐ YES ☐ → Perform now with Glucose and Protein test

Protein  
Read immediately  
NAD / + / ++ / +++

Glucose  
Read after 30 seconds  
NAD / + / ++ / +++

Office Use only  
Refer  
Glucose ++  
Protein +++

Any sleep issues? NO ☐ YES ☐ → Complete Epworth questionnaire

Epworth questionnaire score

Review the medical questionnaire and flag any abnormal declarations - discuss with candidate & prompt for full details incl. dates. Record these in Notes - Section 9

Comments recorded  
YES ☐ NO ☐

Section 3 - General Health

BLOOD PRESSURE

BP 1st reading  

/

Repeat\* if BP more than 160/95 on systolic OR diastolic reading

\*Wait 2 minutes between readings

BP 2nd reading  

/

BP 3rd reading  

/

! Provide advice leaflet if final BP > 140/90

! Recommend seek immediate medical advice if BP > 180/110

PULSE

Pulse rhythm → NORMAL ☐ ABNORMAL ☐

Pulse (b/min)

Repeat if pulse <40 or >120

Pulse (b/min)

Office Use Only

BLOOD PRESSURE

<90/60 ☐ If symptomatic = Fail & GP referral

☐ No symptoms = Full Pass

90/60 - 140/90 ☐ Full Pass

140/90 - 160/95 ☐ Full Pass with Advice

160/95 - 180/100 ☐ 6 M cert & refer to GP

> 180/100 ☐ Fail & referral to GP

PULSE

Refer Abnormal rhythm and rates <40 or >120

BMI

BMI <19 or >35 - refer to OHP

BMI

Weight (kg)

Height (m)

Height (m)<sup>2</sup>

Weight (kg) divided by height (m) squared = BMI

! If BMI >30 provide advice leaflet & record any symptoms / concerns in Notes - Section 9

Section 4 - Advice Leaflets


Advice leaflet provided? NO ☐ YES ☐ →

BP ☐

Smoking ☐

Alcohol ☐

BMI ☐

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## Section 5 - Mobility, Balance and Coordination - USE ADDITIONAL REFERENCE CARD

	PASS			PASS	
Balance, mobility and coordination	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rombergs test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alertness & Psychological wellbeing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Speech and ability to communicate	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**! If NO is answered for any test within this section, then record full details in Notes - Section 9**

## Section 6 - Vision Assessment

No visual aids ☐ Glasses ☐ Contact lenses ☐

### • Distance vision

Left (unaided)	Right (unaided)	Both (unaided)
6 /	6 /	6 /
Left (corrected)	Right (corrected)	Both (corrected)
6 /	6 /	6 /

### DISTANCE VISION STANDARD

6/9 in better eye. 6/12 in other eye.

\*can be achieved with or without visual aids

• Visual Fields NORMAL ☐ ABNORMAL ☐

**IF ABNORMAL VISUAL FIELDS - RECORD FINDINGS HERE e.g. left eye, candidate's top right quadrant**

### • Colour Vision

COLOUR VISION - Number of plates read correctly

Colour vision NORMAL ☐ ABNORMAL ☐

### COLOUR VISION STANDARD

17- 21 plates read - NORMAL

14 - 16 - COMPARATIVE TESTING REQUIRED - See quick ref guide

13 or less - ABNORMAL - provide advice leaflet

## Section 7 - Hearing Assessment - To be conducted without hearing aids in place

	Frequency			Average loss (mean)
	0.5 kHz	1.0 kHz	2.0 kHz	
Left ear	dB	dB	dB	dB
Right ear	dB	dB	dB	dB

### HEARING LOSS STANDARD

Hearing loss must not exceed 30 dB averaged over frequencies of 0.5, 1 and 2 kHz in either ear.

**! COMPLETE IF AVERAGE LOSS EXCEEDS 30 dB**

Are the ears free of wax?

YES ☐

If YES, ask the candidate about any past excessive noise exposure or any conditions that could cause hearing loss.  
Record details in Notes - Section 9.

NO ☐

Record details in Notes - Section 9.



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**Section 8 - Medications- Review questionnaire and D&A paperwork - provide full details below.**

[illegible]

If candidate has declared Antihistamine use (non prescribed) then non-drowsy options must be recommended.

Initial here if recommended


**Section 9 - Clinical Notes- prompt candidate for as much detail as possible and record below**

**PROVIDE DETAILS OF MEDICAL CONDITIONS/ SIDE EFFECTS**

**Please ensure notes are thorough, containing as much detail as possible. Include dates of diagnosis/ any concerns/ current state of condition or side effects/ issues. Information will be used when making decisions on the level awarded.**


[illegible]

**Continue on reverse if necessary**

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**Continued...**

[illegible]

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