

PART C: (TO BE COMPLETED BY EXAMINER)

Name	Licence No.
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PHYSICAL EXAMINATION

Height cm	Weight kg	Colour of hair	Colour of eyes	Blood pressure(s)	Identifying marks
→ Check each item ←				Norm	Abnor
Elaborate on each abnormal response with diagnosis if possible					
1. Nutrition					
2. Nose and throat					
3. Ears					
4. Respiratory system					
5. Cardiovascular					
6. Gastro intestinal					
7. Genito-urinary					
8. Locomotor					
9. Neurological					
10. Mental status					
11. Integument					

VISUAL EXAMINATION

ACUITY			Glasses		Contact lenses	
Distant	Right eye	/	Corrected to	/	/	/
	Left eye	/	Corrected to	/	/	/
	Both eyes	/	Corrected to	/	/	/
Near	(N5 @ 30-50 cm)		Uncorrected		Corrected	
			Yes	No	Yes	No
	Right eye					
	Left eye					
Lens Prescription			Sphere		Cylinder	
	Right					
	Left					

	Normal	Abnormal
Optic fundi		
Visual fields		

OCULAR MUSCLE BALANCE			
Ortho _____	Eso _____ Δ		
Hyper _____ Δ	Exo _____ Δ		
Cover Test			
			Yes
			No

Do you recommend an eye specialist examination?	Yes	No
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COLOUR PERCEPTION EXAMINATION

Pseudoisochromatic Plates	Type	Number of plates	Number of errors

HEARING EXAMINATION

AUDIOGRAM / AUDIOSCOPE (if applicable)								
		HZ	500	1000	2000	3000	4000	6000
Whispered voice (Record distance in meters)	Right _____							
	Left _____							

URINALYSIS

Glucose	Other

OTHER TESTS, COMMENTS, ETC.

RAMO ASSESSMENT (DEPARTMENTAL USE ONLY)

		P	V	C	H	Comments / Restrictions
1st Category		Suffix				
		Code(s)				
2nd Category		Suffix				
		Code(s)				
Path Code(s)		Date (yyyy-mm-dd)				RAMO Signature _____

DAPLS

Entered in CAMIS	Date (yyyy-mm-dd)
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