



**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
→ <b>Check each item</b> ←				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	
<b>Distant</b>	Right eye	/ Corrected to	/	/	/	/
	Left eye	/ Corrected to	/	/	/	/
	Both eyes	/ Corrected to	/	/	/	/
<b>Near</b>	(N5 @ 30-50 cm)		Uncorrected		Corrected	
			Yes	No	Yes	No
	Right eye					
	Left eye					
<b>Lens Prescription</b>			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?		
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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)					
		P	V	C	H	
2nd Category	Suffix					
	Code(s)					
Path Code(s)	Date (yyyy-mm-dd)					RAMO Signature _____

**DAPLS**

Entered in CAMIS	Date (yyyy-mm-dd)