BRUNEI DARUSSALAM

PRE-PLACEMENT HEALTH ASSESSMENT

MEDICAL IN CONFIDENCE

PART 1 - TO BE COMPLETED BY THE APPLICANT

The candidate for appointment must complete the form below and hand it over to the Medical Officer at the time of examination, together with the accompanying letter of authority. Please ask the Occupational Health Staff if you require any assistance.

The candidate will be held responsible for accuracy of the statements hereon and by wilfully suppressing any information the candidate will incur the risk of losing the appointment.

Full Name (underline Surname): _____

Date of Birth: ____/_____/_____(Age:____) I.C No:_____ Colour: Y / P / G Race:_____

Nationality:_____ Marital Status: _____

Home Address:_____

_____

Contact Tel. No: _____(Home) _____(Mobile) E-mail: _____

Position Applied: _____

Name of Employer: _____

	QUESTIONS	YES	NO	ADDITIONAL INFORMATION
1	Have you, ever in your life, had any of the following: -			
	• Allergies, e.g. chemicals, Medicine, food, etc.			
	• Dizziness, fainting attacks, fits			
	• Frequent headaches or migraine			
	• Heart problems, e.g. chest pains, palpitations, Shortness of Breath			
	• Blood pressure problem			
	• Lung problems (asthma, TB, Breathing problem)			
	• Diabetes			
	• Nervous disorders or panic attacks			
	• Skin problems			
	• Eye problems (infections, glasses, colour blind)			
	• Ear problems (discharges, hearing problems)			
	• Nose problems (frequent sneezing, blocked nose)			
	• Any joint problems or back or neck trouble			
	• Numbness or tingling sensation hands or feet			
	• Bowel or 'gastric' problems			
	• Varicose veins or swollen feet			

	QUESTIONS	YES	NO	REMARKS
	• Hernia, piles or abnormal swellings			
	• Menstrual problems (for females)			
	• Discharges from sex organs			
	• Chickenpox			
	• Any other illness e.g. jaundice, urinary problems, anaemia, operations (please specify)			
2	Have you been taking any medication(s) recently, or on regular medication(s) or attending any clinic? Please elaborate.			
3	Have you had any accident or disease requiring hospital admission? Please elaborate			
4	Have you left a job because of an illness? Please elaborate			
5	Have you stayed away from work (or school) in the last year for over a week and why?			
6	Have you had any occupational health / employment medical examination in the past? If yes, when and what was the result?			
7	Do you take alcoholic drinks? If yes, please state type, quantity and frequency			
8	Do you smoke? If yes, what type & how many?			
9	Do you have any children? If yes, are they in good health? Any miscarriages or abortions?			
10	**For foodhandlers only**: Have you had any of the following in the past 2 years? Please elaborate Persistent diarrhoea			
	Worm infestations			
	Mouth, teeth or throat problems			

11. For female applicants:

Menarche age:_____yrs Periods: Interval:_____ Menopause age:_____yrs
Duration:

12. Please list your jobs, starting with the last one and working back to school:-

	Date	Job	Employer	Job Description	Reason Left
1					
2					
3					
4					
5					

13. Family History (esp. heart diseases, diabetes, TB, high blood pressure, asthma, cancer, thalassaemia, cholesterol)

Mother:_____

Father:_____

Other family members: _____

14. Previous immunisation history

Immunisation	Date last given	Titre	Remarks (eg. Allergies)
1. Hepatitis B			
2.Influenza			
Others			

I hereby declare that the answers given above are true and complete.

Signature:…… **Date:_____/_____/_____**

PART 2 - FOR COMPLETION BY THE OCCUPATIONAL HEALTH NURSE

Height (without footwear) :_____cm Weight: _____kg BMI = _____

BCG scar: seen ☐ not seen ☐ Peak expiratory flow rate: _____L/min

		Right	Left
Vision:	Distance uncorrected:	……..	……
	Corrected:	……..	……
	Near (for over 40 years):	……..	……
	Colour (Ishihara):	…….	

Signature of OHN:_____ **Date** : _____/_____/_____

Name :_____

PART 3: FOR COMPLETION BY THE OCCUPATIONAL HEALTH PHYSICIAN

i) Any Other Additional History

ii) Physical Examination

System	Normal	Abnormal	Notes
1. **General Physical Appearance**			
2. **General Examination** (Any jaundice, anaemia, cyanosis, oedema, lymphadenopathy, ↑ JVP, clubbing)			
3. **Cardiovascular System**			
Pulse (rate, rhythm):			
B.P.:			
Heart sounds:			
Apex beat:			
Parasternal heave/thrills:			
Other observations:			
E.C.G.:			
4. **Respiratory System**			
Trachea:			
Lungs:			
Other observations:			
Chest X-ray:			
Spirometry:			

5. **Gastrointestinal System**			
Oral cavity:			
Throat:			
Abdomen:			
Hernia:			
Other observations:			
6. **Genitourinary System**			
7. **Nervous System**			
Reflexes:			
Power:			
Sensory:			
Coordination & equilibrium:			
Other observations:			
System	**Normal**	**Abnormal**	**Notes**
8. **Musculoskeletal Syste**			
Upper limbs:			
Lower limbs:			
Spine:			
Other observations:			
9. **Eye**			
Conjunctiva:			
Pupils:			
Movements:			
Fundus:			
Fields:			
10.**Ear, Nose & Throat**			
a) Ear: External auditory canal			
Condition of drums:			
Audiometry:			
b) Examination of Nose:			
Nasal swab culture:			
c) Examination of Throat:			
Throat swab culture:			
11. **Skin**			
12. **Glands**			
Thyroid / Breasts / etc:			
13. **Any Other Examination**			

State any relevant findings and diagnosis:

Referrals and treatment (if any):

Recommendations (including vaccinations):

Next review:_____ Further investigations required:_____

Conclusions and Recommendations

I certify that in my opinion the candidate is (circle where appropriate).

F1 Fit for employment_____
F2 Fit for employment but with modifications stated below
F3 Temporarily unfit. Re-examine on _____
F4 Unfit

Remarks:

_____ **Date**:_____/_____/_____
Signature & Stamp of Certifying Doctor

Name of Doctor: _____

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MEDICAL FITNESS CERTIFICATE

I hereby certify that I have examined:-

Name……

Date of birth: / / I.C no: …….

And that I find him / her ;

F1 Fit for employment_____

F2 Fit for employment but with modifications stated below

F3 Temporarily unfit. Re-examine on _____

F4 Unfit

Remarks (if any):……

……

……

Signature & stamp: …….. **Date**: / /

Name: ……

THIS CERTFICATE IS VALID UNTIL……
(PROVIDED THAT THE APPLICANT'S HEALTH STATUS REMAINS THE SAME DURING THIS PERIOD)