

MEDICAL EXAMINER'S REPORT

Please print off this form and bring it to the examining doctor for completion

The doctor should take a full medical history and physical examination of the candidate and answer the following questions providing further information as necessary

Name:	Date of birth:	Position:
Weight (Kgs):	Height (Cms):	BMI (Body Mass Index)

1. Eye sight Distance Vision

Right eye unaided	6/	Right eye aided	6/
Left eye unaided	6/	Left eye aided	6/

Near Vision

Right eye unaided	N/	Right eye aided	N/
Left eye unaided	N/	Left eye aided	N/

Yes **No**

- 2.** Is the Candidate's hearing normal?
- 3.** Is the Candidate's physical examination normal in the following
- (a) Cardiovascular system? (Blood Pressure reading /)
 - (b) Respiratory System? (Peak Expiratory Flow reading L/Min – Prison Officer only)
 - (c) Central Nervous System?
 - (d) GIT?
 - (e) Musculoskeletal?
 - (f) Skin?
- 4.** Is a BCG scar present?
- 5.** Is the candidate's mental / psychological state normal?
- 6.** Are there any circumstances connected to the health of the candidate which in your opinion would be likely to interfere with the regular and efficient discharge of duties for the position?

Additional Information

It is the responsibility of the Medical Examiner to bring to the candidate's attention any clinically significant abnormality revealed in the questionnaire or examination and if necessary liaise with their treating doctor. This is not the responsibility of the CMO's Office / Civil Service Occupational Health Department.

Practice Stamp

Medical Examiner's Name (BLOCK CAPTIALS) _____
 Address _____
 Email _____ Tele No. (Area Code) _____
 Signature _____ Date _____ MCRN _____

**The completed report must be forwarded directly by the examining doctor to:
 Civil Service Occupational Health Department, 5th Floor, 90 North King Street, Smithfield, Dublin 7.**