

Doctor :

Patient :

ANNUAL MEDICAL VISIT

DATE

PROFESSIONAL ACTIVITY

EMSA	Tobacco :
Work on screen : <input type="checkbox"/> Yes (hours/day) : <input type="checkbox"/> No	Alcohol :
Family Situation :	Sports :
Medicines :	Sick leave :
Health Status since last visit :	
Current Health state:	

PHYSICAL EXAMINATION

Head and neck:	Tongue	Pharynx	Weight:
	Teeth	Tonsils	Height:
	Thyroid Gland	Carotids	BMI:
Heart and circulation	Pulse	Blood pressure	Menstruation:
	Rhythm	Veins	
	Heart sounds		
	Peripheral arteries		
Lungs	Percussion		Spirometry:
	Auscultation		
Abdomen	Abdominal wall	Spleen	Hearing:
	Stomach	Intestines	Eyesight:
	Liver	Hernial orifices	Correction:
Musculo-skeletal system:			
Genito-urinary system:			
Skin and mucosae		Lymph nodes	
Central nervous system			
Shape of pupils		Babinski reflex	
Pupillary reflex		Abdominal reflex	
Cranial nerves		Romberg reflex	
Patellar reflex		Sensation	
Achilles tendon reflex			
Mental State			

Examinations necessary:

Aids test: Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of patient:
<input type="checkbox"/> Thorax X-ray (if needed)

<input type="checkbox"/> E.C.G (if needed):
<input type="checkbox"/> Mammography + ultrasound (if needed):

Present state of vaccinations (last known date): TéDi: Polio: Hép. A: Hép B: Other:
Observations and Conclusions:

Date:

Signature + official stamp of the doctor:

Thorax X-ray request

Patient:	
Personnel N°:	Date of Birth:

Medical prescription	Date of the request:	
Chest radiography request	<input type="checkbox"/> Front	<input type="checkbox"/> Profile
Prescribing doctor	Dr.:	
Stamp and signature:		
Protocol:		
Pleuropulmonary Image	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Cardiovascular mediastinal Image:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks		
Date + Signature of radiologist		
CHEST X-RAY	Date of the capture	
Made by: (+stamp)		
DAP: number of Grays received by the patient during this exhibition	μ Gy.m ²	

OPHTHALMOLOGICAL EXAMINATION

Patient	
Personnel N°:	Date of birth:

Ophtalmological anamnesis
Actual complaints concerning eyes and/or vision, if any?

		Right eye (RE)	Left eye (LE)
Central visual acuity distance	Without lenses		
	With lenses		
	Correction		
	Refraction		
Minimum legible test used	Without lenses		
	And/or		
	With lenses		
	Correction		
Keratometry			
Amplitude of accommodation			

Binoculaire vision and testing

For suppression

Test(s) used

Muscle balance in the primary position	Distance:
	At 1m:
	At 33 cm:

Extrinsic ocular motility
Intrinsic ocular motility
Biomicroscopic examination
Intraocular pressure (age>40)
Fundus
Colour vision
Test used
General conclusions
Aptitude for work on computer screen

Date, name and signature