

Applicant

Last Name		First Name		Middle Initial
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code
Telephone No. (including area code)		Email Address		
Age	Birth Date (yyyy/mm/dd)	Height ft.	cm	Weight lbs. kg

Medical History Please provide a brief medical history of the applicant or an updated history

 First-time applicant **or** Licence Renewal

The Following Tests and Surveys Must Be Conducted Upon All Applicants
Hearing

 Any Impairment Yes No

If "Yes", describe:

(With history of otorrhea, describe auditory canals and drains)

Vision Ophthalmic Assessment (Retina Dilated Exam)

Uncorrected Vision R L (attach copy of report)

Corrected Vision R L (attach copy of report)

 Pupils equal Yes No

 React to light and accommodation Yes No

 Fundiscopic examination normal Yes No

Mouth

 Any disease of the mouth or throat? Yes No

Glands

 Any enlargement of the thyroid or lymphatic glands? Yes No

Respiratory

 Any evidence of acute respiratory disease(s)? Yes No

Blood Pressure

	Initial	Additional	
Systolic	/	/	
Diastolic	/	/	(at disappearance of sound)

Heart

Heart Rate, counted at the apex for one minute

if over 90, re-check and record temperature

Any disturbance of cardiac rhythm? Yes NoAny indication of disease of the heart or blood vessels? Yes No**Abdomen**Does examination reveal any abnormality? Yes No

If "Yes", describe:

HerniaDoes examination reveal any evidence? Yes No

If "Yes", describe:

KneesAny knee jerks present and equal? Yes No**Nerves / Spinal**Any evidence of disease of the nervous system? Yes No**Varicose**

If varicose veins are present, describe:

X-raysChest X-ray Normal Abnormal *(attach copy of report)*Catscan Normal Abnormal *(attach copy of report)***Blood - Hepatitis A + Antigen; Hepatitis B+C; HIV Test**Blood Count | Bleeding Time | Coagulation Time *(attach copies of reports)***Urine**

Specific Gravity | Albumen | Sugar

SerologicalIs there any evidence of syphilis? Normal Abnormal

If "Yes", describe conditions:

ECG EEGECG Report Normal Abnormal *(attach copy of report)*EEG Report Normal Abnormal *(attach copy of report)***General**

Is there any condition or disorder evident, not covered by the above information, which requires additional examination or which would debar the applicant from participating in a professional contest or exhibition?

 Yes No

If "Yes", describe:

FitnessApplicant is considered Fit Not Fit to take part in a professional contest or exhibition**Medical Examiner**

Name | Signature | Date (yyyy/mm/dd)