



Name: _____ Category: _____
Company: _____ Medvie ID: _____
Date of birth :/...../..... Weight : _____ Height : _____

Occupational Health Exam Checklist

Examination post	In Process	Done
VISION TEST	<input type="checkbox"/> Near vision <input type="checkbox"/> Far Vision	<input type="checkbox"/>
	<input type="checkbox"/> Peripheral fields <input type="checkbox"/> Color perception	
AUDIOMETRY TEST	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY STATION	<input type="checkbox"/>	<input type="checkbox"/>
X-RAY STATION	<input type="checkbox"/>	<input type="checkbox"/>
DOCTOR STATION (*) Reviewing: /...../.....	<input type="checkbox"/>	<input type="checkbox"/>
SPIROMETRY STATION	<input type="checkbox"/>	<input type="checkbox"/>
VACCINATION STATION vaccine booster date:/...../.....	<input type="checkbox"/>	<input type="checkbox"/>

(*)for candidates whose blood pressure or ECG shows an abnormality on the day of the visit



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