

## MEDICAL REPORT

1. NAME OF EMPLOYER .....

### IDENTIFICATION OF EMPLOYEE

2. SURNAME ..... FIRST NAMES .....

3. DATE OF BIRTH ..... 4. ID NUMBER .....

5. OCCUPATION .....

EXAMINATION			
<b>6. BLOOD</b>		<b>7. CONDITION OF HANDS</b>	
Red-cell count	μl	Skin (a) Telangiectasia	
White-cell count	μl	(b) Hyperkeratosis	
Platelets	g/100ml	(c) Atrophy	
Haemoglobin		Skin appendices: (a) Sweat glands	
Differential white-cell count		(b) Hair	
Granulocytes (a) Neutrophils		(c) Nails	
(b) Eosinophils			
(c) Basophils		<b>9. URINE</b>	
Monocytes		(a) Albumin	
Lymphocytes		(b) Sugar	
Abnormal cells		(c) Microscopic	
<b>8. EYES</b>		(d) Radioactivity in urine (if necessary)	
Lens of eye			
Visual fields			

10. OTHER EXAMINATION, if necessary .....

11. From your examination and observation, do you consider the abovementioned person to be in good health and free from any physical or mental defect, disease or infirmity that would be likely to interfere with the proper performance of his/her duties? [YES / NO]

12. If NO to 11, give further details .....

13. Examination (pre-employment, routine, other).....

SIGNATURE (Appointed doctor) ..... DATE: .....

NAME (print).....

*This register must be preserved for at least 10 years after the above date.*

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