

OSAP 300.01.4 ANNEX A - TEACHER SELECTION

TEACHER CONTRACT AND BENEFITS

LOSA ASSIGNMENT – MEDICAL REQUIREMENTS

PROTECTED B (WHEN COMPLETED)
REPORT OF PHYSICAL EXAMINATION

DND DEPENDANT SCHOOLS OVERSEAS (DSO) STAFF AND THEIR DEPENDANTS

1. NAME- GIVEN NAMES		2. DATE OF BIRTH -	
3. ADDRESS			
4. DEPENDANT OF			
5. ADDRESS-		6. COUNTRY TO WHICH PATIENT IS POSTED	
7. PREVIOUS MEDICAL HISTORY ADVISE OF ANY CHRONIC PROGRESSIVE OR INCAPACITATING ILLNESS; INDICATE NUMBER AND NATURE OF PREVIOUS PREGNANCIES			
8. HEIGHT IN CENTIMETRES		WEIGHT IN KILOGRAMS	
9. EYES		REACTION TO L AND A	
VISUAL ACUITY (UNAIDED) R L		(CORRECTED BY INDIVIDUAL'S OWN GLASSES) R L	
10. CONVERSATIONAL VOICE R METRES L		METRES DRUMS R L	
11. NOSE, THROAT, MOUTH			
12. TEETH (GENERAL CONDITION. IS EXTENSIVE DENTAL WORK REQUIRED?)			
IS PATIENT UNDERGOING ORTHODONTIC TREATMENT?			
13. LUNGS		BREASTS	
14. CARDIO-VASCULAR		RESTING PULSE	RESTING B.P. SYSTOLIC DIASTOLIC
HEART SOUNDS			
EXERCISE TOLERANCE (IF APPLICABLE)			
15. ABDOMEN (ADVISE OF ANY SCARS OF PREVIOUS OPERATIONS)		HERNIA	

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AREAS OF TENDERNESS

MASSES

16. GYNAECOLOGICAL/MENSTRUAL HISTORY

DATE OF ONSET OF LAST MENSTRUAL PERIOD

IS PATIENT PREGNANT? YES NO IF SO, EXPECTED DELIVERY DATE

PELVIC EXAMINATION (WHERE INDICATED)
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17. EXTREMITIES (BONES, JOINTS, MUSCLE, LIMITATION OF MOVEMENT, VARICOSE VEINS)

18. SKIN

19. LYMPHATIC SYSTEM

20. NERVOUS SYSTEM

21. URINALYSIS: SPECIFIC GRAVITY SUGAR ALBUMEN MICROSCOPIC

22. CHEST X-RAY (WHEN INDICATED)

23. OTHER MEDICAL CONDITIONS OR COMMENTS

24. ADDRESS

NAME OF PHYSICIAN

SIGNATURE

DATE OF EXAMINATION

TELEPHONE NUMBER ()